Animal Clinic of Ava LLC
1115 Springfield Rd., Unit 2
P.O. Box 476
Ava, Missouri 65608
(417) 683-6830

BOARDING FORM

DROP-OFF POLICIES:	PICK UP POLICIES:
If bringing pet's food, it must be in a waterproof, closed container and must be labeled with pet's and owner's names clearly identified on container. (No dog/cat food bags can be accepted.) Please bring in or email your pet's vaccination history within the last year. We can accommodate unvaccinated or naïve puppies in our separate boarding cages facility. We can update vaccinations, toenail trims, examinations, and other services during your pet's stay! Please complete all portions of this boarding form to indicate what services we can perform while your pet stays with us! "Same Run" discount applies to pets who do not need separate feeding.	Please bring in pet's leashes to pick up your pet. Sunday pick up is no longer available. Please be ready to pay for boarding at time of pick up. Pick Up Availability Monday-Friday -- 8AM-5PM Saturday -- 9AM-2PM

Date: %MMMM_dd_yyyy%

Client: %clientname%
Phone: %clientphone%

Patient: %patientname%	Breed: %patientbreed%	Species: %patientspecies%
Age: %patientage%		

Boarding Reservations: _____ through _____.

Part 1 - Feeding Needs:

[] I brought my pet's own food (PET'S FOOD MUST BE BAGGED UP / CLOSED CONTAINER, LABELED WITH PET & OWNER NAME)

[] My pet will eat kennel food during his / her stay

PLEASE SPECIFY: FEEDING REQUIREMENTS FOR EACH PET:

_____

Part 2 - Personal Belongings: We try to make sure your pet goes home with what he/she came with, however we cannot be responsible for lost items or items left here while boarding.

[] I understand that my pet's personal belongings may be damaged, soiled, or lost during their stay.

[] I understand by leaving my pet's personal belongings with them, could result in my pet chewing, or damaging them.

[] I will not hold Animal Clinic of Ava responsible for any items damaged, lost, or medical expenses that may be accrued during their stay.

PLEASE SPECIFY ANY ITEMS LEFT FOR EACH PET:

_____

Part 2 – Additional Services:

[] My pet needs a nail trim

[] My pet needs anal glands expressed

[] My pet needs an extra service performed: (Please detail): _____

[] My pet needs an examination: *Examination fee will be applied. Please specify complete last section for Examination relevant information

[] Please update my pet's vaccinations:

Feline (please circle)		Canine (please circle)	
Rabies 1 year	Rabies 3 year	Rabies 1 year	Rabies 3 year
Felo-vax		7-way	Bordetella

Part 3 - MEDICATIONS: (Medical Boarding Charge Applies)

[ ] My pet is on medication: (Please specify medications, doses, and instructions

Medication Name	Amount	Frequency of Dose

Part 4 - ACKNOWLEDGEMENTS: (please initial)

_____ I understand that Animal Clinic of Ava's boarding facility is NOT a 24-hour care facility.

_____ I understand my pet will be treated for fleas or ticks, at my expense, if present during boarding.

_____ I understand that my pet will be walked first thing in the morning, and again at the end of the business day, and the kennel will be disinfected and cleaned.

Part 5 - IN CASE OF EMERGENCY: (please check one)

[ ] Please do not medically treat my pet until specific authorization is given.

[ ] Please treat my pet if he/she becomes ill up to ($)_____ before calling me.

PLEASE LIST two emergency numbers in case of your pet's emergency: _____ / _____.

Part 6 -EXAMINATION SERVICES (please check one)

[ ] I do not request a veterinarian examination on this pet. **IF NOT, PROCEED TO PART 7.**

[ ] I request a veterinarian to examine this pet. If yes, please indicate the following:

Problem / Reason for Veterinarian Examination:

_____

Has your pet been spayed or neutered? ____Yes ____No

Is your pet's appetite: ____Normal ____Increased ____Decreased

What does your pet normally eat? (include type of food, table scraps)

_____

Is your pet's water consumption: ____Normal ____Increased ____Decreased

Urination habits normal? ____Yes ____No If No, please explain:

_____

Is your pet vomiting (throwing up)? ____Yes ____No If yes, When did you first notice the vomiting?

_____

Does the vomit consist of: (Please check all that apply) ____ blood ____food ____phlegm ____bile

How frequent is the vomiting? _____times per day ____ times per week

Is your pet having any diarrhea? ____Yes ____No

If yes, when did you first notice the diarrhea? _____

Does the stool have: ____No blood ____Bright Red Blood ____Dark red blood/black stools Is your pet sneezing? ____Yes ____No Is your pet coughing? ____Yes ____No

Has your pet ever fainted? ____Yes ____No

Has your pet ever seizured? ____Yes ____No

Where does your pet spend most of his/her time? ____Mainly Indoors ____Indoors Only ____Mainly Outdoors ____Outdoors Only

Do you notice your pet shaking his head, rubbing or scratching at his ears? ____Yes ____No

Have you noticed any lumps or bumps? ____Yes ____No If yes, where? _____

Medications? _____

Anything else that may be helpful for veterinarian to know? _____

I request that the Animal Clinic of Ava may proceed with any procedure you deem necessary to treat any condition you identify during the exam,

but do not exceed $_____ without contacting me first.

Part 7 – FINANCIAL OBLIGATION: Please read the following and sign / date.

I am the owner (or authorized agent of the owner) of the animal described above and have the authority to execute this consent. I understand that some risk always exists with anesthesia, even in apparently healthy animals, including the possibility of death. I understand that it may be necessary to provide additional medical or surgical treatment to my pet in the event of unforeseen circumstances. I realize that no guarantee, legal or ethical, can be made to me regarding the outcome of any procedure performed. Subject to my directions above, I hereby authorize the use of anesthetics and other medications, as well as any such additional treatment, as deemed necessary by the veterinarian. I understand that hospital personnel will be employed in treating my pet. I understand if my pet has fleas, it will be treated at my expense ($8-$10). I have carefully read, and fully understand, this consent. The fees associated with these services have been explained to me, and I agree to pay such fees in full at the time my pet is released from the hospital.

Signature: _____ Date: _____

Phone: _____