

Arbor Hills Veterinary Centre, P.C.

Boarding Information and Policies

Owner: _____ Pet: _____

Check In Date: / / Check Out Date: / /

In order that we may care for your pet properly please provide the following information

DIET

My pet eats (Diet) : _____ **once / twice daily.** We will be happy to feed your pet its normal diet, if provided. **(OWN)**
We feed Royal Canin in our facility and will feed your pet this premium diet unless notified otherwise. **(KENNEL)**

MEDICATIONS

My pet is currently taking the following medications and will need to receive them while boarding. We charge a nominal fee for medications given to your pet while boarding with us. The cost is \$1.16 per medication administered per time administered.

MEDICATION NAME AND STRENGTH	PURPOSE FOR GIVING MEDICATION	FREQUENCY OF ADMINISTRATION	DATE/TIME LAST ADMINISTERED

SPECIAL INSTRUCTIONS/PROCEDURES WHILE BOARDING:

PERSONAL ITEMS

While at A.H.V.C. your pet will be provided clean bedding and dishes daily. We prefer that you utilize this service in order to assure proper sterilization and cleanliness. We will accept beds and personal items, but do not guarantee the return of toys, bedding or dishes left with pets.

VACCINATION REQUIREMENTS

We require written proof of vaccinations against the diseases detailed below, verification must be brought from the Doctor/Clinic who gave the vaccinations. Owner administered vaccinations are not acceptable. It is our responsibility to protect other pets from infectious diseases. Ideally, your pet should be vaccinated at least one week prior to boarding to ensure the vaccine's effectiveness.

Animal	Diseases	With in the last
Cats	FVRCP	Year
Cats / Dogs	Rabies	Year/ 3 years
Dogs	DHPPC	Year/ 3 years
Dogs	Bordetella	6 Months

EMERGENCIES

If an illness manifests in your pet while boarding with us, we will provide medical treatment as needed and contact the emergency phone number you have given us unless you request otherwise.

PHONE NUMBER: _____ **EMERGENCY CONTACT:** _____

FOR SAFETY AND LIABILITY PURPOSES PETS MAY ONLY BE PICKED UP DURING NORMAL BUSINESS HOURS.
PLEASE SCHEDULE YOUR PLANS APPROPRIATELY.

I authorize A.H.V.C. to provide reasonable and necessary medical treatment to my pet should the need arise. I accept full financial responsibility for payment of services rendered. I acknowledge that I have read, understand, and agree to all of the above requirements.

SIGNATURE OF OWNER / AGENT: _____ **DATE:** _____

AHVC: _____