



**Andover Animal Hospital, Inc.**

233 Lowell Street, Andover, MA 01810

Phone 978-475-3600 Fax 978-475-0455

www.andoveranimal.com

**BOARDING CONSENT FORM**

Account #: \_\_\_\_\_

Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_

**Please list any and all special instructions for your animal while they are boarding at our facility:**

Boarding Until: \_\_\_\_\_ Multiple Family pets board Together: Y / N \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

Medications (administration fee of \$1.85- \$3.25): \_\_\_\_\_

Other Special Instructions: \_\_\_\_\_

**Note: AAH is NOT responsible for personal items brought in.**

Walks (additional outdoor walks are \$4/walk. **Tick preventative required within the last 30 days**):

None Once Daily Twice Daily give advantix at my expense already has advantix on

Bath ( \$30 if animal is here less than 3 nights): Y / N Nail Trim (\$12): Y / N

*\*All animals must be up-to-date on required vaccines to board at our facility. Any needed vaccines that are administered will require an exam (\$56)*

Please **initial** and circle the needed vaccines: \_\_\_\_\_ (Ask staff to help you)

**Rabies Distemper&Wellness Exam Bord/Para\* Leptospirosis Lyme Heartworm Test FELV**

**K9 Influenza Vax\*\* FELV/FIV/HW Test Fecal Annual Exam Mature Wellness Screening**

\* Bordetella/parainfluenza is **required every 6 months** and like all vac is not 100% effective.

\*\* We are requiring this new vaccine to protect your pet from this highly contagious virus.

Please ask us for an information sheet if you have concerns or questions.

**NOTE:** Additional charges may be added to boarding charges if your pet becomes ill and needs medical attention.

Emergency care will be administered pending contact with you or your principal unless you decline any and all care. If you decide to decline all care when dropping your pet off for boarding you must sign a form declining care. Also, pets must have up-to-date annual physical examination, vaccinations and for cats Feline

Leukemia/FIV/HW Testing. Otherwise, shots and/or testing will be done and charged to the client's account.

Admission and Discharge: HOURS: Mon-Fri 8am - 8pm Saturday and Sunday 8am - 5pm

Rates apply to 24 hour periods or any part of 24 hours.

**I understand that my boarded pet is exposed to other animals and at risk for potential infectious diseases.**

*I hereby declare that I have authorized treatment-involving hospitalization of the above described animal. I promise to be responsible for and make payment, in full, for the boarding and veterinary services incurred.*

**I understand my pet is not supervised 24/7.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Emergency Contact Number : \_\_\_\_\_ E-mail: \_\_\_\_\_

Witness Initials \_\_\_\_\_