**Andover Animal Hospital**
233 Lowell Street, Andover, MA 01810
Phone: 978-475-3600
Fax: 978-475-7510
www.andoveranimal.com

# Feline Boarding Consent

Client Name:
Client ID #:
Patient: Breed:
Color/Markings: Age: Sex:
Weight of patient: _____LBS
**Instructions:**
Boarding until:_____ Multiple pets board together? Y N _____
Feeding Instructions: _____
_____
_____
Medications (administration fee of $1.85 to $3.25): If once daily, please note if given in the morning or evening.
_____
_____
_____
Please list any other special instructions for your pet while they are boarding here with us:
_____
_____
_____
**Note: We are not responsible for any personal items brought in with your pet.**

Bath ($25 if less than 3 nights): Y N Nail trim ($12): Y N

**Vaccinations:**
All animals **must** be up to date with **required** vaccines to board in our facility. Any needed vaccines administered will **require** an exam for the additional cost of $60.
Any exam, vaccinations and/or testing required for boarding will be done and charged to your account without prior documentation.

Please mark the needed vaccines and procedures. (Ask a staff member if any questions)

| | | | |
|---|---|---|---|
| | **Wellness Exam** $60 | | **Rabies** $22 |
| | **Feline Distemper** (FVRCP) $29 | | Feline Leukemia (FeLV) $31 |
| | Feline Leukemia/FIV test $75 | | Fecal Sample $31 |
| | Feline Wellness Screen (ages 2-6) $99 | | Feline Senior Wellness Screen (ages 7 and up) $199 |

**NOTE:**
*I understand my pet is exposed to other animals and may be at risk for potential infectious diseases. Additional charges may be added 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 emergency care when admitting your pet for boarding, you **must** sign a form declining additional treatment.
*I hereby declare that I have authorized treatment involving hospitalization of the above described animal. I promise to be responsible and make payment, in full, for the boarding and veterinary services listed above.
**I understand that my pet is not supervised overnight.**

**Signature:**_____ **Date:**_____ **Time:**_____
**Emergency Contact:**_____ **Text Message:**_____
**E-Mail Address (for non-emergencies):**_____
**Employee Initials:**_____

**Admission and Discharge Hours:**
8am to 7:30pm Monday-Friday, 8am to 4:30pm Saturday and Sunday
Rates apply to 24 hour periods, or any part of 24 hours.