



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

Canine Boarding Consent

Client Name:

Client ID #:

Patient:

Color/Markings:

Breed:

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 \$58.

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 \$58	Rabies \$20
Canine Distemper (DHLPP or DHPP) \$27	Bordatella/Parainfluenza \$34
Canine Influenza \$28	Lyme \$33
Leptosporosis \$27	Fecal Sample \$30
Heartworm Test \$55	Heartworm Test and Wellness Screen (ages 2-6) \$89
Senior Wellness Screen (ages 7 and up) \$165	

Outdoor Walks:

Outdoor walks are available at \$4 per walk up to twice daily. Flea and Tick preventative is **required** for outdoor walks within the last 30 days. Please mark decision for outdoor walks.

_____ Once daily (AM PM)

_____ Twice daily

_____ None

_____ Please give K9 Advantix II at my expense _____ Flea/Tick preventative already applied within 30 days.

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.