

**Hopi Animal Hospital
Pet Resort Boarding Agreement**

Name: _____ **Breed:** _____ **Color** _____ **Weight:** _____ **lbs**

Boarding Dates: _____ - _____ **Suite Type:** _____ @ \$ _____ per night

***Boarding Dates:** _____ - _____ - No changes, follow same instructions: _____ **Client Initials**

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****Please answer the following questions clearly and completely so we can provide the best care to your pet****

Emergency Information: Contact _____ Phone # _____

Contact _____ Phone # _____

I elect to be contacted through Hopi's PetDesk App/Email: YES / NO (please give front office email address)

*Boarding staff may send updates and/or pictures of your pet during their stay if/when time allows. Messages are outgoing only and staff members will not be able to communicate through the app during non-business hours.

Feeding Instructions: Please provide complete instructions. (If not completely filled out, we will feed as we see fit)

Food: _____ **Amount:** _____ **How Often:**(per day) _____

Additional instructions: _____

Medication Instructions: Please fill out below. (If not completely filled out, we will medicate to the best of our knowledge)

Medication: _____ Dosage: _____ How often: _____ Time last given: _____ am/pm

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Belongings: Please list items being left with your pet. Hopi Animal Hospital is not responsible for items lost or destroyed.

Is your pet current on vaccinations? **If not, see reverse side** YES NO

Has your pet ever been aggressive? **If yes, please explain:** _____ YES NO

Would you like your dog in group play? YES NO

Would you like a FREE hydro-surge exit bath for your dog? YES NO

Does your pet need any additional procedures to be done while boarding? YES NO

**** Please notify receptionist. Additional paperwork may be required ** (Additional fees apply)**

Procedure? _____

Additional Services: (Please initial next to requested service)

_____ Toe Nail Trim _____ Dremel Nails _____ Express Anal Glands _____ Flea/Tick Treatment
\$11.00 (Reg. \$22.00) \$16.00 (Reg. \$32.00) \$38.00 \$17 (required every 30 days)

Current

Treated at home **Date:** _____

For office use only:

Flea/tick preventive: _____ place sticker here

Date treated: _____ / _____ / _____