

CANINE COTTAGE

Animal Care Hospital, 1410 N. Liberty Street, Morris, IL 60450 (815) 941-9924

Our deluxe accommodations include air conditioning in the summer, heated floors in the winter, and two walks per day. Your pet's vaccinations must be current as well as administered by a licensed Veterinarian. Your pet must also be free of internal parasites (such as worms) and external parasites (such as fleas and ticks). If not, your pet will be treated accordingly, for safety and hygienic reasons.

Owner's Name: _____ Pet's Name: _____
Phone number where you can be reached during your pets stay: _____
Emergency Contact Name and Phone Number: _____

Date of Admission: _____ Date of Discharge: _____

Name of non-owner picking pet up: _____ When your pet last ate? _____

Items left with pet:* Own Food Treats Medications/Supplements

Please Do Not Leave Items Other Than Food, Treats, and Medications with Your Pet

Feeding Instructions: _____

Is your pet afraid of storms and can we give sedative if needed? YES NO

My pet had _____ Flea prevention given on _____. My pet will be treated if fleas or flea dirt is found on them.
____ initials

**I am aware that Canine Influenza Vaccines are recommended*

*but not required and accept and acknowledge the risks for my pet** YES NO

Should your pet need medical attention while boarding, may we administer basic treatment and/or medications until you can be notified? YES NO

CANINE COTTAGE FEES

- 6511 BOARDING/NIGHT** \$24.50/NIGHT
- 1403 ALTERED PET DISCOUNT -\$1.00/NIGHT
- 3802 WELLNESS CLIENT REWARDS -\$1.00/NIGHT
- 1540 HOLIDAY FEE/ PER HOLIDAY \$12.75

ADDITIONAL PAMPERING

- 4220 FECAL \$25.79
- _____ BATH \$23-\$70 _____
- 2280 EAR CLEANING \$29.99 _____
- 8602 NAIL TRIM \$18.00 _____
- _____ WELLNESS CARE NEEDED _____
- 6517 COAT BRUSHING \$6.50/DAY
- 4093 BRUSH/CLIP HAIR MATS \$21.00
- 1747 BRUSH TEETH \$5.00/DAY
- 6514 ADDITIONAL WALK \$4.00/DAY
- 6500 ADMINISTER MEDS/Supplements \$10.99/STAY

SCHEDULED ON

*Additional fees may apply for Sundays and Holidays. **Additional fees may apply to minimize stress and anxiety for stressed patients.

CHECK HERE IF ADDITIONAL SERVICES ARE NEEDED WHILE YOUR PET IS STAYING WITH US.

(Estimates may given upon request)

***PLEASE PLAN TO PICK UP YOUR PET AT LEAST 30 MINUTES PRIOR TO CLOSING. PLEASE CALL WITH ANY QUESTIONS.**

I read this consent form and understand and agree to all requirements of the hospital for my pet(s) to be boarded. I also understand that the staff will do everything possible to keep my pet(s) comfortable during the stay and that additional fees will be assessed should illness occur or treatments be necessary. I understand that payment in full will be required when my pet is released from Animal Care Hospital.

Signature: _____ Date: _____

