

# 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 medication until you can be notified?** YES  NO

**Critical Resuscitation Directive Info Provided and Online at achmorris.com:** Attempt Resuscitation  DNR

## CANINE COTTAGE FEES

<input type="checkbox"/> 6511	BOARDING/NIGHT**	\$24.50/NIGHT
<input type="checkbox"/> 1403	ALTERED PET DISCOUNT	-\$1.00/NIGHT
<input type="checkbox"/> 3802	WELLNESS CLIENT REWARDS	-\$1.00/NIGHT
<input type="checkbox"/> 1540	HOLIDAY FEE/ PER HOLIDAY	\$12.75

## ADDITIONAL PAMPERING

<input type="checkbox"/> 4220	FECAL	\$25.79
<input type="checkbox"/> _____	BATH	\$23-\$70
<input type="checkbox"/> 2280	EAR CLEANING	\$30.99
<input type="checkbox"/> 8602	NAIL TRIM	\$18.00
<input type="checkbox"/> _____	WELLNESS CARE NEEDED	_____
<input type="checkbox"/> 6517	COAT BRUSHING	\$6.50/DAY
<input type="checkbox"/> 4093	TRIM HAIR/PLUCK EAR	\$15.00
<input type="checkbox"/> 1747	BRUSH TEETH	\$5.00/DAY
<input type="checkbox"/> 6514	ADDITIONAL WALK	\$4.99/DAY
<input type="checkbox"/> 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 the Critical Resuscitation Directive 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: \_\_\_\_\_