

ANIMAL HOSPITAL OF NORTH GWINNETT

Boarding Consent Form

Date In: _____ Out: _____

Owner's Name: _____ Pets Boarding: _____ (Check if stay together)

Number where you can be reached: _____

Emergency number in town: _____

We assure you that all animals staying with us will be treated with care during that time. Our kennel staff is very responsible and will notify one of the doctors of any problems that may arise.

PRICES PER NIGHT ARE AS FOLLOWS:

K9: 1N1	\$21.00	Cat: 1N1	\$18.00
2N1	\$34.00	2N1	\$31.00
3N1	\$46.00	3N1	\$40.00
4N1	\$57.00	4N1	\$54.00

FOR YOUR PET'S PROTECTION, ALL BOARDING ANIMALS MUST BE CURRENT ON THE FOLLOWING VACCINES/TESTS:

K9: Dhlpp, Bordetella (Kennel Cough), Rabies
& Fecal Float (intestinal parasite check)
Cat: Fvrccp & Rabies (Felv & Fiv are strongly recommended.)

If your pet has any medications that we should know about please fill out a separate medication consent form. There is an additional charge of \$1.00 PER DAY medication fee.

In order to control any potential flea problems, any pet staying with us that has fleas will be treated with an ORAL flea control product at a charge of \$6.80.

We offer a bath to our boarders of 3 nights or more for the charge of \$18.00. Please indicate if you would like for your pet to have a bath : _____

If your pet does not eat his/her regular food for a period of 48 hours, we will offer canned food at a cost of \$2.00 per can.

If your pet becomes ill while boarding with us, we will do everything in our power to contact you. In the event we are unable to reach you, your signature authorizes us to treat as necessary.

All dogs are walked AT LEAST twice a day and receive fresh food and water daily. Cats are given open room play time AT LEAST once daily, and receive fresh food, water and litter throughout the day.

Thank you for entrusting your pet(s) to our care. We strive to make their stay with us a pleasant one. If you have any additional requests please inform our receptionist at this time.

I agree to the terms and provisions as listed above and have been informed of the Animal Hospital of North Gwinnett's boarding policy.

Client Signature: _____

Date: _____

As always, THANK YOU for allowing us to serve you and your pet(s) at this time.