

The Animal Hospital of Carrboro Kennel Boarding

112 W. Main St, Carrboro, NC 27510

(919) 967-4033

tahkennel@gmail.com

theanimalhospitalcarrboro.com

Owner Name: _____ Pet Name: _____

Drop Off Date: _____ Pick Up Date: _____ Approx Time: _____

Phone Number (where you can be reached DURING TRIP): _____

Emergency Contact Name: _____ Phone: _____

MEDICAL HISTORY:

- Please list any illness or injury in the last 30 days: _____
- Please list any allergies your pet has: _____
- Please list your pet's current flea and heartworm preventative(s): _____
- Date you last gave/applied flea and heartworm preventative(s)?: _____
- Your pet will be checked for external parasites at check-in and during their visit. Pets will be given an appropriate preventative (Capstar, Frontline Gold) if fleas or ticks are noted to benefit your pet and our other guests.

I brought my pet's own food: YES NO

My pet should eat in the: AM or PM

Amount to be fed each meal? _____ cups

Any special feeding instructions? _____

*pets boarding in the same run MUST be able to eat together without staff supervision.

My pet should have the following medication(s) while boarding:

MEDICATION NAME	AMOUNT	TIME
_____	_____	AM MID PM
_____	_____	AM MID PM
_____	_____	AM MID PM

Delivery of medication will cost an additional \$5.00 each day.

Beds, Toys and Towels:

- We cannot accept bedding that's too large to fit into our washer/dryer.
- Items left with your pet should be labeled with your pet's name in Sharpie Marker. You may use ours.
- Your pet's belongings are permitted with the understanding that in the daily cleaning process, they may be lost.
- Object authorization: I understand that leaving objects (toys, towels, bedding, bones, etc...) in my pet's kennel is at my own risk and will not hold The Animal Hospital responsible for any occurrence resulting from the usage of the item(s) that I have chosen to leave in my pet's kennel during his visit.

Objects I Approve: _____ Owner's Initials: _____

I didn't bring anything from home, but The Animal Hospital Bedding would be fine for my pet _____ owner initials

Additional Services:

Bath \$21 YES NO \$23 pets > 80 pounds

Nail Trim \$13 YES NO

Extended Walks ¼ mile \$11 each walk

DAILY _____ Every other day _____

TWICE DAILY _____ NONE _____

MEDICAL TREATMENT AND EMERGENCIES:

A veterinarian will NOT examine your pet during its boarding stay unless you request it or unless a kennel assistant notices a problem and brings it the veterinarian’s attention. Medical treatment can be requested during the visit by filling out a Medical Treatment Form.

Please provide me with a Medical Treatment Request Form so that I may request care: YES NO

Emergencies can happen. The kennel assistant will alert the veterinary staff if they notice diarrhea, issues with urination, constipation, vomiting, lack of appetite, coughing, excessive head shaking, excessive itchiness, lameness, etc... All emergency conditions will be treated as conservatively as possible and every attempt will be made to contact you prior to treatment.

Please initial the ONE statement you AGREE with:

_____ I GIVE The Animal Hospital permission to provide my pet with necessary medical treatment.

_____ I DO NOT GIVE The Animal Hospital permission for treatment. If my pet becomes ill or requires medical attention during this visit, please take the following action:_____

MEDICAL ATTENTION MUST be taken in LIFE THREATENING CIRCUMSTANCES regardless of your above choice.
Should your pet experience cardiac arrest during their stay, I authorize resuscitation. YES NO _____ owner initial

FEES

Boarding at The Animal Hospital of Carrboro is charged by the DAY including the day of check-in and the day of check-out. Each pet is fed twice a day and walked three times a day. Kennels are cleaned daily, even on the day of check-out.

- Boarders staying more than 2 weeks require weekly payments.
- A medication fee of \$5 per pet per day of treatment is charged for any pet requiring oral or topical treatments.
- Pets that show evidence of flea or tick infestation require treatment by our staff during their stay. Charges will be applied based on their need and the dose of medication/size of pet.
- Payment for all boarding fees including additional services and medical treatments must be paid at the time of pick-up.

_____ **Please initial here that you have read and understand our boarding fees.**

Please give us any additional information about your pet that you think will allow us to make your pet’s visit with us a positive and fun experience (hates the heat, enjoys warm water added to dry kibble, enjoys outside time, likes to be scratched behind the ears, afraid of dump trucks when walking....)

I am the owner/agent of the pet described in this boarding check-in form. I have read, understand, and have answered all the questions and statements in this document to the best of my ability.
Owner signature:_____ **Date:**_____