

Contact Information

Owner Name _____

Pet Name _____

Best Contact Number _____

Boarding Dates: _____ to _____

Emergency Contact

Your pet's emergency contact person cannot be yourself or any member of your household that is unavailable for the duration of your boarding reservation. This person must be empowered to make medical decisions on your behalf and be available to authorize the transfer of the pet and provide transportation thereof to a 24-hour care facility if deemed medically necessary.

Emergency Contact Name _____

Emergency Contact Number _____

Pet Information

Please answer the following questions to help us care for your pet.

1. Please list any illness or injuries your pet has experienced in the past 30 days:

2. Please list any allergies your pet has (food, medications, environmental, etc):

3. Please complete the following information about your pet's diet at home:

NAME/BRAND	DRY/CANNED	AMOUNT FED	FEEDINGS DAILY	LAST FED
_____	_____	_____	_____	_____

4. While here, your pet will eat: Food from home Animal Hospital provided

*Hill's Science Diet
Sensitive Stomach & Skin*

5. Please list all medications your pet is currently taking:

NAME	STRENGTH	DOSE	FREQUENCY	TIME LAST GIVEN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. Please list flea/tick & heartworm preventatives your pet takes:

FLEA/TICK NAME	DATE LAST GIVEN	HEARTWORM NAME	DATE LAST GIVEN
_____	_____	_____	_____

Beds, Toys, and Towels

We cannot accept bedding that's too large to fit into our residential washer/dryer. Items left with your pet should be labeled with your pet's name in permanent marker. Your pet's belongings are permitted with the understanding that in the daily cleaning process, they may be lost.

By initialing below, you acknowledge you understand that leaving objects in your pet's kennel is at your own risk and will not hold The Animal Hospital responsible for any occurrence resulting from the usage of the item(s) that you have chosen to leave in your pet's kennel during their visit.

Approved Objects: _____

Owner Initials: _____

Additional Services

Please indicate your preferences regarding additional services below.

Bath - \$25 (\$27 dogs >80lbs)	YES _____	NO _____	Extended Walks (+1/4 mi.) - \$15 each walk
Nail trim - \$24.50	YES _____	NO _____	Daily _____ Twice daily _____
			Every other day _____

Treatment Preferences

With the exception of requested procedures or required physical exams and vaccines, your pet will not be seen by a veterinarian unless a member of hospital staff notices a problem and brings it to the attention of the attending veterinarian. Medical treatments can be requested during the stay by filling out a Medical Treatment Form.

Please indicate below whether you would like a Medical Treatment Form.

YES _____ NO _____

Emergencies can happen. One of our kennel assistants 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 of Carrboro 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 actions:

Medical attention MUST be given in life threatening circumstances, regardless of your choice above. Should your pet experience cardiac arrest during their stay:

I authorize resuscitation _____ I DO NOT authorize resuscitation (DNR) _____

Authorization for Boarding

Boarding at The Animal Hospital is charged by the day, including the days of check-in and 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. Pets staying in the same run **MUST** be able to eat together without staff supervision.

NAME

SIGNATURE

DATE

CONFIRM CONTACT NUMBER

Discharge

TAH | 02072025 | DB

I, the owner or authorized agent thereof, affirm that the pet described in this document has been discharged from the facilities at The Animal Hospital of Carrboro and I have resumed responsibility for their care.

NAME

SIGNATURE

DATE/TIME

TAH REP