

## Crosspointe Animal Hospital

### Boarding Agreement

Client's Name: {FULLNAME} Primary Phone: {PHONENUMBER} Weight(s): \_\_\_\_\_

Guest(s): {NAME} Breed: {BREED}

Visiting From: \_\_\_\_\_ To: \_\_\_\_\_ Total Days: \_\_\_\_\_ Owner Initials \_\_\_\_\_

Owner's Emergency Number(s): \_\_\_\_\_

Name of Contact Person(s): \_\_\_\_\_

Extra Boarding Options:	Vaccines/Services Needed:
Bath: _____ (pickup after 3pm) Nail Trim: _____ (\$21) Anal Gland Expression: _____ (\$42) Oral Sedatives if Necessary: _____  Extra Walks: _____ 1 , 2 <i>(we give 3 walks per day, up to 2 a day can be requested) (\$6 each)</i> Playtimes: _____ M TU W TH F SA <i>(up to 2 a day can be requested) (\$16 each)</i> Toys/Belongings left Toys/Belongings left at own risk: _____ <i>(We have plenty of bedding/toys/bowls for your pet's comfort while with us!)</i> <b>Feeding Instructions:</b> _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>1x</span> <span>2x</span> <span>3x</span> </div>	<b>Required for Boarding:</b> Rabies Vaccine: _____ (\$50-\$60) Distemper Vaccine: _____ (\$58) Bordetella Vaccine: _____ (\$52) CIV Vaccine: _____ (\$68/\$120) Fecal Analysis: _____ (\$68) Exam: _____ (\$101/required for vac) Concerns? <b>Optional:</b> Leptospirosis Vaccine: _____ (\$52) Lyme Vaccine: _____ (\$70) Felv Vaccine: _____ (\$63) Felv/FIV Test: _____ (\$74) Heartworm Test: _____ (\$73) Refill Pevention? _____ If yes, how many? Surgery During Stay? _____ Yes, when? <b>Medication Administration (additional cost):</b>

**\*Boarding charges will include pick-up and drop-off no matter the time, in order to reserve a kennel for the pet\***

**\*Medications CAN NOT go in pre portioned food bags or daily containers!!\***

**Please note that the following may occur at an additional cost:**

- >Clean up bath (pet has an accident in their kennel)
- >Pets having diarrhea/vomiting for more than one day will result in an examination and will be treated with medication.
- >If pet develops anxiety related behaviours while here they may need special medication or adjustments to their accommodations

If my pet needs **non-emergency** medical treatment, every reasonable effort will be made to contact me. If contact cannot be made, I agree to be financially responsible up to the cost of \$\_\_\_\_\_ (min. \$100) or unlimited \_\_\_\_\_

**Initial one option below:**

In a life-threatening situation I authorize whatever services the doctor deems necessary for the best care of my pet \_\_\_\_\_.

**OR**

In a life-threatening situation I direct the doctor to let my pet die naturally using only treatments to keep my pet comfortable and alleviate pain. \_\_\_\_\_.

**Crosspointe Animal Hospital is not an emergency facility, therefore does not have overnight staffing. If needed please request a copy of hours of operation.**

**SIGN PLEASE** (I AGREE TO THE TERMS AND CONDITIONS OF BOARDING MY PET) \_\_\_\_\_