

Creature Comforts Animal Hospital Boarding Contract

Date in: _____

Date out: _____

Initial: _____

Owner Name _____

Pets' Names _____

Contact Number #1: _____ #2: _____

In case of emergency: Name: _____ Phone #: _____

**Pickup: S M T W Th F S Date _____ Pickup Time _____ am/pm
(Saturday pick up between 8-10:00 a.m./Sunday pick up time is between 6 p.m. and 7 p.m. ONLY)**

- If someone other than you will PICK UP your pet, please indicate:

- Name _____ Phone: _____ (photo ID needed)

(additional form needed if you would like someone other than a CCAH staff member to walk/visit with your dog)

Check out time is during normal business hours at 12:00 pm. An additional day is charged for if your pet is checked out after noon. We do not charge for "Partial" days.

***** FEEDING *****

(Please circle) OWN FOOD CLINIC FOOD (Veterinary sensitive stomach diet)

Feeding Instructions: Can/pouch/dry food How much: _____ 1, 2, or 3 times a day.

Items brought: _____

**Items brought will be marked with a permanent marker to help insure proper returns. We cannot be responsible for lost or damaged items.

Does your dog get along with other pets? Yes People? Yes

(If you answered no to either question; a special handling fee of \$9/day may be assessed.)

**Would you like a Nature Walk (dogs)/Play Session (cat/dog) (\$10/session) Yes _____ No _____
Daily _____ EOD _____ Specific dates _____**

Would you like a text message or picture of your pet(s) while in our care?

Yes or No to Contact #1 or #2 or other _____ (First text free, each additional is \$3)

***** MEDICATIONS *****

My pet has been given Heartworm (dogs) and Flea Prevention (dogs and cats) medication on a date that will protect him/her during the boarding visit. _____ (please initial)

Does your pet require any medications? Yes _____ No _____

Medication for _____ (\$2.25/day/pet (1-3 meds) and \$3.25/day/pet (4+ meds)

#1 Name _____ Give _____ tablet/capsule/etc _____ times a day.

#2 Name _____ Give _____ tablet/capsule/etc _____ times a day.

#3 Name _____ Give _____ tablet/capsule/etc _____ times a day.

TURN PAGE OVER PLEASE



For the protection of your pet, and the other pets boarding at CCAH- ALL pets must be current on all vaccinations and required testing.

- Dogs: Rabies, DAPP (Distemper/Adenovirus/Parvo virus/Parainfluenza), Leptospirosis, Bordetella (kennel cough), Canine Influenza (both H3N2 and H3N8 varieties), Heartworm and Fecal Test (within past 12months)**
- Cats: Rabies, RCP (Rhinotracheitis/Calicivirus/Panleukopenia), a negative Fecal Test in the past 12 months**

All pets must be free of external parasites (fleas and ticks) and intestinal parasites. If not, they will be treated appropriately. Necessary exam(s), vaccines or testing will be performed and billed to the owner.

***** **ADDITIONAL SERVICES** *****

- | | |
|--|--|
| <input type="checkbox"/> Exam (\$51.75) | <input type="checkbox"/> Pampered Package (Prices vary) |
| <input type="checkbox"/> Flea Treatment (Prices vary) | <input type="checkbox"/> Express Anal Sacs (\$22.40) |
| <input type="checkbox"/> Heartworm Test (\$45.20) | <input type="checkbox"/> Bath/Brush (prices vary) |
| <input type="checkbox"/> Fecal Test (\$56.00) | <input type="checkbox"/> Nail Trim (<30lb = \$19 >30lb = \$21) |
| ✓ Dremel -smooths the nails, eliminates snags and sharp edges- (\$10) | |
| ✓ Vaccines | |

I, the owner or agent for the owner, state that by signing this form, I certify that my pet(s) is current on required vaccines, testing and preventive medications.

If required preventive care or emergency care is needed, and the clinic cannot reach me or my agent, I authorize Dr. Revis Wheeler to perform such care. I and agree to be fully responsible to pay for the medical services at the time of pickup.

Date _____

(Signature of owner or agent)

We would like to showcase your furbaby on our website and/or social media when we get that special picture!

- CCAH may take photos of my pet for use on their website and/or social media .
 CCAH may not take photos of my pet for use on their website and/or social media .

**** (In clinic use) ****

- | | |
|--|--|
| <input type="checkbox"/> Vaccines needed (Prices vary)
Dogs: Rabies DAPP Leptospirosis Bordetella Influenzas: H3N2 / H3N8 / Combo
Cats: Rabies RCP FeLV | <input type="checkbox"/> Exam __HWT __Fecal Intake weight_____ |
|--|--|