

Northwoods Animal Hospital
980 Northwoods Drive
Cary, NC 27513
(919) 481-2987
(919) 481-3089 fax

A. Melissa Hudson, DVM

Kristin DeAngelo, DVM

Howard Chappell, DVM

BOARDING AGREEMENT FOR YEAR _____

Owner / Agent's Name: _____

Pet(s) Name(s): _____, _____, _____

Welcome to Northwoods Animal Hospital's boarding service! Our goal is keep your pets as comfortable, safe and happy as possible during their stay with us. Our responsible, caring kennel staff will make every effort to ensure a pleasant visit. Dogs are walked at least three times daily. Cats are boarded away from dogs in order to maintain a low stress environment. Veterinarians are available for consultation and treatment of pets if needed and a veterinarian is on call weekends and holidays.

Please read and complete the following information. This will familiarize you with our hospital policies and make us aware of any special needs your pet may have.

Vaccines.

In order to board your pet(s), his/her vaccinations must be current. For dogs, this includes distemper/parvo, bordetella (kennel cough), and rabies. Cats must have current FVRCP (feline distemper combination) and rabies vaccinations. If your pet does not receive its vaccinations at this facility, you must show documentation that verifies current vaccinations. If any vaccinations are past due, your pet(s) must be vaccinated before boarding for his/her protection. Vaccines administered at this facility will be added to your bill. We do require a physical exam with canine DHPP and Feline FVRCP vaccinations.

Diet.

Dogs: We feed all dogs *Purina EN* diet, which is formulated to be highly digestible and reduce the incidence of diarrhea while boarding. However, we will gladly feed your pet his/her regular diet if you provide it. If you bring your pet's food, each meal should be packed in a zip lock bag and labeled with your pet's name.

Cats: We feed all cats *Purina Pro Plan Indoor Formula* dry food. Again, we are happy to feed your cat his/her regular diet if you provide it. If you bring your pet's food, each meal should be packed in a zip lock bag and labeled with your pet's name.

If your pet requires a prescription diet but it is not provided, there will be an additional \$2.00/day charge.

Fleas/Ticks In order to keep our facility and patients as free from parasites as possible, pets found to have fleas or ticks will be treated at the owner's expense, unless a previous adverse reaction is reported below.

Medication.

We will administer most required medications to your pet(s) for no additional charge. A fee may be applied for certain intensive treatments. Please ensure that the instructions are clear and that enough medication is provided for your pets stay. **Medications must come in the original packaging with the original label that includes type, strength (mg) and dose.** We will happily refill any medications if appropriate.

Special Conditions/ Adverse Reactions.

Please indicate whether your pet has any known adverse vaccine or drug reactions, known allergies, or serious medical conditions:

Kennel Policy:

1. A full day's board is charged for each night the pet stays regardless of pick-up time.
2. Pets must be picked up between 7:30am and 5:30pm Monday through Friday, and 8:30am and 1:00pm Saturdays. There is no pick-up available on Sundays or after hours. **Pets receiving baths may go home after 3 pm.**
3. Pick-ups made after 5:30pm M-F and after 1:00pm Saturday will be assessed a **late fee of \$15.00.** As we close at 5:30pm M-F and 1:00pm Saturday, your ability to pick-up your pet after this time is not guaranteed.
4. **Personal items may be left at your own risk. We are not responsible for loss or damage.**
5. Northwoods Animal Hospital cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. I hold Northwoods Animal Hospital harmless for conditions that are often unavoidable in boarding environments such as, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection, diarrhea, and fleas. If fleas or ticks are noted upon entry, your pet will be treated immediately, to prevent infestation of other pets and the hospital, for a minimal fee.
6. Should the pet(s) identified on this record become ill, I hereby request the following veterinarian (at our facility and when available), _____ provide all responsible medical/surgical treatment deemed necessary, not to exceed \$_____. I acknowledge that in the event of my pet's illness, the staff at Northwoods Animal Hospital may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or authorized agent) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and costs with the attending veterinarian.

I agree to make complete payment to Northwoods Animal Hospital at the time of discharge. I certify that to the best of my knowledge my pet(s) appears to be free of contagious disease. I understand that if I fail to pick up my pet(s) within ten days of notification to the above address, my pet(s) will be considered "abandoned", and will be handled in accordance with North Carolina State Law, and that doing so does not relieve me of my financial obligations.

I HAVE READ THE ABOVE AND I AM IN FULL AGREEMENT,

Signature of Owner/Agent

Date

Northwoods Animal Hospital

Boarding Check-In

(Please complete one form for each pet)

Drop off Date: _____ Pick up Date: _____

Pet Name: _____ Owner's Name: _____

Emergency Contact: Name: _____ Number: _____

Name: _____ Number: _____

Is anyone else authorized to pick up your pet? _____

Medications/Supplements - please list all medications and dosage instructions

****Medications must be provided in the original, labeled containers****

Medication	Dose	Frequency	Time Last Given
1.		<>AM <>Noon <>PM	
2.		<>AM <>Noon <>PM	
3.		<>AM <>Noon <>PM	

Feeding Instructions

My pet's current food is _____ I have brought food for my pet: <>YES <>NO

****If no, pets will be fed appropriate amounts of Purina Dry EN for dogs and Pro Plan Dry for cats****

****If you provide food for your pet, each meal must be prepackaged in individual bags****

Please feed him/her _____ (amount) _____ x per day

My pet last ate at _____ <>AM <>PM

My pet is on a **restricted diet** for:

<>medical reasons <>stomach sensitivity <>skin allergies <>other

My dog is allowed to be walked outside. <>YES <>NO To have treats. <>YES <>NO

Medical Conditions: Please note any health concerns/conditions: _____

Special Instructions: _____

Personal items that I have brought for my pet are: _____

*Please note: Northwoods Animal Hospital is not responsible for lost or damaged personal items. We request that you take your leash and collar, unless your pet needs it due to a medical condition. *

Additional Services:

< > **Bath** (This includes ear cleaning, nail trim, and anal gland expression.)

****Price based on dog's weight****

****Please plan to pickup after 3pm on departure date if a bath is requested****

< > **Apply Frontline/Frontline plus:** Date to apply _____

< > **Nail Trim only** \$13.40

< > **Brush Teeth** \$6.00/day ___days; Brush/toothpaste provided at \$7 additional charge

< > **Frosty Paws for Canines** \$3.50 each _____ per day or _____ per stay

I have requested vaccines or other medical services while my pet is boarding <>YES <> NO

Doctor Preference: <> M. Hudson <> H. Chappell <> K. DeAngelo <> No Preference

- All pets boarding must be current on all required vaccinations. **This includes Rabies, DHPP, and Bordetella** for dogs, and **Rabies and FVRCP** for cats.
- All pets boarding must be free of fleas and ticks. Pets found to have fleas or ticks will be treated at the owner's expense.
- If your pet experiences any mild digestive issues while boarding, Northwoods Animal Hospital will monitor and treat as necessary, and inform you of any issues when you pick up your pet.
- For any condition other than a minor problem, Northwoods Animal Hospital will provide medical treatment and an attempt will be made to contact you at the emergency number you have provided us.

Signature _____ **Date** _____

Patient: _____

FOR STAFF USE ONLY

Observations/Problems during boarding

Date: _____ Problem: _____ Init: _____

↔ Tech/Dr. notified _____ (kennel initials)

Medications Log

Date Bin # Medication Initials

_____ 1. _____ AM MID PM

_____ 2. _____ AM MID PM

_____ 3. _____ AM MID PM

Date Bin # Medication Initials

_____ 1. _____ AM MID PM

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