



BOARDING FORM

CLIENT INFORMATION:

First Name: ___ <first-name> _____ Last Name: ___ <last-name> _____

Best contact number: _____

Please list those whom are authorized to pick up your dog:

1) Name: _____ Relationship: _____

PET GUEST INFORMATION

Pet's Name: ___ <animal> _____ Breed: ___ <breed> _____ Color: <color> _____

Did your pet come with their own food? q Yes qNo / If yes, what brand? _____

Did your pet come with any belongings? qYes qNo / If yes, list belongings here:

Boarding until: _____

Would you like **additional services or concerns** to be addressed while boarding? If so, please list:

MEDICAL HISTORY

Is your pet currently taking any medications? q Yes q No

NOTE: IF YOU CHECKED YES, YOU WILL NEED TO FILL OUT AND SIGN A MEDICATION ADMINISTRATION FORM FOR EACH PET.

Is your pet displaying any symptoms such as coughing, sneezing, or upset stomach? q Yes q No

Does your pet have any previous or current injuries, physical problems or health concerns, including allergies? q Yes q No If yes, please explain _____

VACCINATION RECORDS

Bordetella, Distemper and Rabies vaccinations are required to board. It is not optional to decline these services if your pet is due while boarding.

FVRCP: \$40.50 / FVRCPL: \$67.75 / Rabies: \$35.70 - \$61.50 / DHPP/DHLPP \$60.90/65.10

Bordetella \$45.68 Exam \$70 / Heartworm Test: \$64 / Fecal Test: \$31

Will your pet need any vaccinations? qYes qNo If yes, please circle the vaccines needed.

Will you need an estimate for services today? qYes qNo

ACKNOWLEDGEMENTS



Bathing Selection:

q OWNER DECLINED BATH

q <20lb \$26.00 (add ons charged separately) q 21lbs-50lbs \$37.00 (add ons charged separately)

q 51lbs-100lbs \$52.00 (add ons charged separately) q >100lbs \$65.00 (add ons charged separately)

q Feline bath \$57.00 (add ons charged separately) q Medicated bath \$75.00 (add ons charged separately)

Add ons:

q Blow out/brush out \$18 q Nail trim \$18 q Anal gland expression \$18 q Ear cleaning \$15

Do you want to be called prior to treating your pet should treatment be necessary? qYes qNo

If KMVS finds evidence of ticks or fleas, treatment will be provided at owner's expense.

We are now offering daily **off leash exercise** for your pet on our underwater treadmill while they are boarding at our facility.

This is a healthy and fun way for your pet to burn energy, reduce anxiety and receive more exercise during their stay. **We**

offer this service for an additional \$35 per day. We do not offer this service over holiday stays.

q Yes q No

PLEASE SELECT ONE:

___ I give permission to resuscitate my pet in the event of an anesthetic emergency. In the event of an emergency requiring procedures in addition to, or different from those stated above (in the estimate and/or on this form), such procedures will be performed. I agree to pay in full for all services rendered including those deemed necessary for medical and surgical complications or other unforeseen circumstances.

___ **I DO NOT** give permission to resuscitate my pet in the event of an anesthetic emergency.

I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the dog subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative. I understand that the above vaccines are REQUIRED in order to board my pet at Kennesaw Mountain Veterinarian Services. Every reasonable precaution will be used against injury, escape or death of any pet. The clinic and staff will not be held liable for problems that develop with pet provided reasonable and precautions be followed. I understand that any problems that develop with my pet will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved.

PAYMENT IS EXPECTED IN FULL AT TIME OF DISCHARGE. We do not discharge past noon on Saturday, on Sunday, or during any holiday that the facility is closed.

Signature of Owner: _____ Date: _____