

Would your pet like a bath?

YES NO

Boarding Dates



Beaches Animal Clinic Boarding Agreement

Owner's Name: _____ Pet's Name: _____

Phone number where you can be reached during your pet's stay: _____

Local Emergency Contact: _____ Phone # _____

For your pet's protection, all vaccines must be current. Bordetella, a specific "kennel cough" vaccine is required for dogs. If not up to date, your pet will be vaccinated at your expense. Your pet must be free of internal and external parasites. If parasites are found, your pet will be treated at your expense.

Owner's Initials: _____

Medical Illness Policy:

One of the many advantages of boarding your pet with Beaches Animal Clinic is that veterinary attention is readily available should the need arise. If your pet becomes ill during his/her stay, we will call the emergency number(s) you have listed above to discuss symptoms, treatment options and estimate of additional costs. If you or your emergency contact(s) cannot be reached, at your expense we will provide medical treatment for your pet to help relieve immediate discomfort and/or resolve an emergency medical condition.

Owner's Initials: _____

It is recommended that all of our canine guests staying more than ONE night are bathed before returning home. Therefore, we ask that your pet is picked up after 2:00PM M-F. If you are picking up on Saturday, your pet will be bathed on Friday Afternoon. Baths under 30lbs \$10.00 Baths over 30lbs \$15.00

Feeding Instructions: DRY/CANNED/BOTH Meals per day: ONCE/TWICE/THREE Treats: YES/NO

Please describe your pet's feeding habits, such as how frequently and how much food you provide at each feeding.

**We feed Purina EN for our canine guests, and Hill's Optimal Care for our feline guests.*

We are happy to provide blankets, towels, rugs, toys, treats and bowls during your pet's stay. Should you choose to leave any articles, they must be clearly labeled with your pet's name and your last name. We are not responsible for items lost or destroyed during boarding. If possible, please leave a detailed description.

Items Left: _____

We also provide a wide array of additional services/procedures such as: Spay, Neuter and Dentals if arrangements have been made in advance. **Services to be provided:** _____

Please list ANY change in eating/drinking/urination/defecation/behavior habits of your pets within the last 2 weeks.

When your pet returns home from boarding, please do not let him/her eat or drink excessively as this often causes vomiting and/or diarrhea. Wait at least one hour before giving a small portion of food and water.

We encourage you to call our office anytime during business hours to check on your four-legged friend(s). 904-246-2045 Our business hours are M-F 7AM-6PM and Saturday 8AM-12PM. We are not staffed 24 hours.

My signature below confirms that I have read and fully understand this agreement.

Owner/Authorized Representative of Owner: _____ Date: _____

Notice Concerning Boarding Diabetic Patients

At Beaches Animal Clinic, we strive to make your pet's stay with us as happy and stress free as possible. However with diabetic patients even small changes in food consumption or activity can alter the body's insulin requirements. Without appropriate insulin adjustment, your pet's health could be at risk. It is our policy to check your pet's blood glucose levels twice daily prior to their insulin administration during their stay. This will incur an additional charge to the standard boarding fee. As a courtesy to our boarding guests, the charge for each blood glucose will be discounted from our standard fee. Your pet's well-being is extremely important to us and we feel these additional measures are in their best interest to keep them healthy. Please ask our Client Care Specialists for current blood glucose testing costs for boarding patients.

Thank you for your understanding,

William J. Daniel, DVM

Pet's Name: _____

Owner/Agent Signature: _____