



301 Wilson Avenue | Tullahoma, TN 37388 | Phone: (931) 408-0899

BOARDING CONSENT FORM

Client Name _____ Phone: _____
Address _____ City: _____ State: _____
Email Address: _____
Pet Name _____ Breed _____ Color _____ Age _____
Emergency Contact Name/Number _____

Date of Drop-Off: _____ Date/Time of Pick-Up _____

**** PLEASE NOTE: There will be an additional day's charge if picked up after 10:00 a.m. on the day of pickup****

Cat Condo Choice: _____ 2 Level (\$20.00/night) / _____ 4 Level (\$22.00/night) / _____ Deluxe Corner (\$25.00/night)

Dog Boarding: _____ Dogs 0-25lbs - \$30.00 /night | _____ Dogs 25-50lbs - \$35.00/night |
_____ Dogs 50-75lbs - \$40.00/night | _____ Dogs over 75lbs - \$45.00/night

****DIET****

Check One: Canned/Wet Food **OR** Dry Food
Check One: Clinic Food **OR** Own Food -- Type/Brand _____
How Often? (Times Per Day) _____ How Much Each Meal? _____

****MEDICATION/TREATMENTS/SPECIAL ACCOMODATIONS****

Is your pet on any medications? YES (or) NO
Type _____ How Much, How Often _____
Type _____ How Much, How Often _____
Additional Medical Information _____

****FLEA POLICY****

All boarding pets must be free of fleas. If your pet has fleas, they will receive a bath and a flea preventative may also be applied. The additional charges will be added to the final bill.

Is your pet currently on flea prevention? YES or NO

If YES- When was last dose given? _____ What kind was it? _____

If NO- Would you like your pet to receive a dose upon check-in? YES or NO

****ADDITIONAL SERVICES****

In addition, please administer these services during my pets stay (check all that apply):

- | | |
|---|-----------------------------------|
| _____ Bath w/ complimentary nail trim/ear cleaning | _____ Microchipping |
| _____ Full Groom (hair cut w/ bath, nails, ears) | _____ Heartworm testing |
| _____ Dremmel Nails w/ Bath/Groom (\$7.00 extra) | _____ Heartworm Prevention: _____ |
| _____ Brush Teeth (\$8.00 extra) | _____ Flea/Tick Prevention: _____ |
| _____ Nails Only (<input type="checkbox"/> \$18.00 clip OR <input type="checkbox"/> \$25.00 clip & dremmel) | _____ Deworming |
| _____ Other: _____ | |

*****As stated in the Vaccination Policy on Page 2, dogs/cats will receive any of the required vaccines during their stay that they are not already up to date on.**

Sign _____ Date _____



301 Wilson Avenue | Tullahoma, TN 37388 | Phone: (931) 408-0899

BOARDING POLICIES

1. **Flea Policy:** All boarding pets must be free of fleas. If your pet has fleas, they will receive a bath and a flea preventative may also be applied. The additional charges will be added to the final bill.
2. **Vaccination Policy:** To insure the protection of all pets under our care, the following vaccines **must** be up to date:

Dogs: Da2ppv (Distemper/Parvo)
Bordetella (Kennel Cough)
Rabies

Cats: Rabies [Required]
FVRCP (Distemper) [Recommended]

If my pet is not current on all above vaccinations, I give my permission for Hambrick Animal Clinic to update the vaccination(s) in accordance with the above policy. I understand a vaccination fee will be added to my final bill.

3. **Medical Illness Policy:** One of the advantages of boarding your pet at Hambrick Animal Clinic is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency number(s) listed regarding your pets symptoms, treatment options, and estimate of additional charges. If no one can be reached, we will perform whatever services the doctor deems necessary for the best care for your pet until someone can be reached. This includes only non-elective treatments and any necessary diagnostics.

****STATEMENT OF RELEASE****

In the event of an emergency Hambrick Animal Clinic reserves the right to treat the above patient

****BELONGINGS****

Please List & Describe What Items Are Being Left With Your Pet:

TOYS: _____ BEDDING: _____

COLLAR: _____ LEASH: _____ CARRIER: _____

OTHER: _____

**** I have read this form and I am aware of the staffing hours and understand the above flea, vaccination, and medical illness policies. I agree to pay for any additional fees necessary to be in accordance with the above policies. ****

Signed: _____ Date: _____