

The Animal Health Center of Franklin Boarding Contract

Pet's Name			
Owner's Name			
Admission Date		Discharge Date	a.m.
			p.m.

Please leave a number where we may reach you in the event of an Emergency _____

In the case of an emergency that we are unable to reach you, please initial the following, indicating acceptance of related charges. _____ You may do whatever is necessary to diagnose and treat the medical/surgical condition.
 _____ You may provide only minimal care until you receive further authorization.

List any items left with your pet (leash, toy, carrier, etc.) _____

Procedures to be performed while boarding:

Kennel Cough - OR - Flu Vaccine <small>(please circle)</small>	
Physical Exam	
Yearly Exam & Vaccinations	
Heartworm Testing	
Fecal Flotation Examination	
Other (list below)	

Bath	
Nail Trim	
Express Anal Glands	

Prescheduled Groom (please circle) <small>(by appointment only) with</small>	
Kandace Deanna Andrea	

I would like the Doctor to check my pet while boarding for the following:

Please call prior to initiating therapy for the above: _____

Is your pet on a special diet? No _____ Yes _____ (To be listed and verified with a staff member.)

Is your pet to receive medication while boarding? No _____ Yes _____ (To be listed and verified with a staff member)

General Boarding Policies:

- We must have proof of current vaccinations (performed by a licensed veterinarian) on all boarding animals or the pet will be vaccinated at the owner's expense. Dogs: Da2pp, Influenza, and Rabies within the past 12 months; Kennel Cough (Bordetella) within the past 6 months. Cats: FVRCP and Rabies within the past 12 months.

Be aware that in some circumstances, animals are not protected against disease despite appropriate vaccination. We make every attempt to prevent disease transmission between animals. However, in a kennel situation there is some inherent risk. Release of your pet to board at The Animal Health Center of Franklin indicates your understanding of this risk.

- If your pet has fleas and or ticks detected on admission, we require appropriate treatment at the owner's expense.
- Boarding charges accrue from the date of admission. Discharge of boarding animals after 1:00 p.m. incurs the full charge for that day of board.
- If your pet requires medication or special care, there are additional charges for these services.
- Our regular office hours are Monday-Friday (7 a.m.-6 p.m. and on Wednesday until 8 p.m.) and Saturday (8 a.m.-11 a.m.). In addition to these hours, admission or discharge of boarding animals can occur on Sunday from 5:00 p.m.-5:30 p.m. only

I understand that The Animal Health Center of Franklin will use all reasonable precautions to guard against injury, escape or illness. It is thoroughly understood that I accept all associated risks and will not hold The Animal Health Center of Franklin liable or responsible in any manner related to the care and safekeeping of my pet. I accept full responsibility for services provided and agree to the conditions stated above.

Owner's Signature: _____ Date: _____

(over- side two to be completed with a staff member)

Office Use



Boarding Intake

Feeding Instructions

Select One	<input type="checkbox"/> My pet is to be fed kennel food provided by Animal Health Center. <input type="checkbox"/> My pet has their own food. -Brand of food _____		
Amount per meal		How often	<input type="checkbox"/> Once a day <input type="checkbox"/> Twice a day <input type="checkbox"/> Three times a day
If your pet runs out of their own food	<input type="checkbox"/> Feed kennel food <input type="checkbox"/> Feed a prescription diet, from clinic inventory, that will be added to my account.		
Has your pet eaten today?	<input type="checkbox"/> Yes When _____ <input type="checkbox"/> No		

Medication

Medication	How you are administering

Has your pet had their medication already for today? Yes (when) _____
 No

Staff member _____