

Avery Creek Pet Hospital

565 Long Shoals Road Ste # 105
Arden, NC 28704
(828) 651-8868

Boarding Agreement

Thank you for giving us the opportunity to care for your pet. So that we may better meet your needs, please complete the following:

Your name : _____

Pet's name: _____

Drop Off Date: _____ Pick Up Date: _____

Emergency Telephone #: (_____) _____ - _____ Cell #(_____) _____ - _____

E-Mail Address: _____

Alternate Contact: _____ Spouse Partner Co-Owner Other _____

Contact's Telephone #: (_____) _____ - _____

Feeding Instructions:

Food: _____

Treats: _____

Feed My Pet: Once a day - AM PM
 Twice a day
 Three times a day
 Free Feed

How Much? _____ Dry _____ Canned

Has your pet eaten today? Yes No

Does he/she need to be fed again? Yes No

Medication Instructions:

Is your pet on medication? Yes No

Name of Medication: _____

Directions: _____

Name of Medication: _____

Directions: _____

Received meds this AM? Yes No

There will be a \$2.00/day charge for administering medications

List additional medications on back of form

Personal Items

Although we provide ample and comfortable bedding for our guests, you may bring special beds or articles of clothing. We will make every effort to return these items in the same condition they were left with us. However, we cannot assume liability for the loss or destruction of any personal items, including bedding, toys, etc. left with your pet. Please list any personal items you are leaving with your pet:

Services for Your Convenience

Fecal test for intestinal parasites? (\$16.30)

Yes No

Nail Trim? (\$11.00)

Yes No

Check ears (Cytology)? (\$16.60)

Yes No

Would you like your pet to have a physical exam while he/she is here? (\$35.00)

Yes No

Reason for exam: [=8 _____

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Client Name: _____ Patient Name: _____

Authorization For Treatment

The undersigned acknowledges and certifies that in admitting their pet(s) for boarding, and in the event a medical problem develops, they authorize the veterinarians of Avery Creek Pet Hospital and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary. It is understood we will attempt to immediately contact you via the emergency contact number above. Secondly, we will use the alternate contact and then e-mail. It is understood that the undersigned assumes full financial responsibility for all charges incurred.

Client Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____