



Boarding Policy

Client's Name: _____ Pet's Name: _____

♥ For your pet's protection, and the protection of all our other patients, we require current vaccinations for boarding. If your kitty plays or lives out-of-doors we require a current (within the last 12 months) FIV/FELV test. ***If your cat is FIV/FELV positive we will board them in our isolation area.***

Is your pet on heartworm medication? Brand _____ Last dose: _____ (date).

Is your pet on flea treatment? Brand _____ Last dose: _____ (date).

♥ ***We reserve the right to de-worm and/or treat for fleas and/or ticks as necessary to protect other animals staying with us.***

♥ We carefully observe all our boarding animals daily. It is our responsibility in providing your pet with the best of care. If we discover abnormal behavior or signs of illness, we reserve the right to treat your pet within the bounds of reasonable cost. An emergency contact number ***must*** be left with us for this reason. We will always try to call first; however, if we are unable to reach you, we reserve the right to treat your pet as needed.

Please initial here to indicate that you understand and agree to all of the above: _____

Do you want your pet to have veterinary or rehab treatments during boarding? Y N

List the treatments you wish your pet to have _____

If your pet is getting an annual exam while boarding, do you want the recommended blood work completed (There is an additional cost.) Y N

What medical problems does your pet have? _____

Is your pet allergic to any medications or food? Y N Please list them: _____

Feeding:

Experience has shown that changes in an animal's diet causes gastrointestinal issues (diarrhea.) We provide Purina EN dry food to our boarders who do not bring their normal diet from home.

****Any canned food we add is an additional charge.***

Instructions: Complete the chart below, ***including the amount given.***

Food Type		A.M	Noon	P.M.
Purina EN	Canned			
	Dry			
Your own food	Canned			
	Dry			

****Our in-house rations include dry food only. Any canned food we add is an additional charge.***

Medications:

Do we need to administer medication to your pet? Y N There is a \$5.00 charge per day for administering medications. Please list medications and/or supplements and dosages:

Medication	Dosage	Number of times Daily

**If your pet is diabetic, please make sure that you also complete a diabetic worksheet.*

Doggie Specials:

Nature Walk: This leisurely one-on-one stroll around our facility allows your pet to get exercise and fresh air. Please ensure that you leave us the leash and collar that your pet is familiar with for their comfort. \$7.00/session Yes _____ No _____ How many daily? _____

Romper-room Time: Your pet will have access to a large indoor or outdoor run (weather permitting) with toys so that they can romp and play. \$7.00/session Yes _____ No _____ How many daily? _____

Treat ball Time: A treat ball stuffed with goodies to entertain and stimulate your pet. Please advise us if your pet has any food allergies. \$2.50/treat ball Yes _____ No _____ How many daily? _____

(Ask us about Underwater Treadmill sessions as an alternative.)

Cats and Dogs:

Cuddle Time: This is 15 minutes of heavenly, hands-on time loving your pet. \$7.00/session Yes _____ No _____ How many daily? _____

Kitties Only:

Happy Hour: Your pet will have a more pleasurable stay with cat nip, feathers and toys for play. \$7.00/happy hour Yes _____ No _____ How many daily? _____

Your pet's Comfort

We find all our boarders are lots more comfortable with things that remind them of home. We're happy for you to bring blankets, bedding, toys or treats that will make your pet more comfortable while with us. *Please remember that we cannot be responsible for items lost during your pet's stay. We cannot accept bedding that cannot be washed in a standard washing machine.*

Check-in date: _____ Pick-up date: _____ Pick-up time: _____

I have read the boarding policy of Loving Touch Animal Center and agree to all of the above terms.

Client Name (Please Print) _____

Client Signature: _____

Today's Date: _____

Number at which you can be reached: _____

Emergency contact person: _____

Their phone number: _____