

Pet's Name: _____



Dates: _____

BOARDING DROP OFF/CONSENT FORM

➤ In case non-emergency medical care is needed, I authorize the doctor to diagnose & treat my pet as follows. (NOTE: All emergencies will be immediately treated by our medical staff.) All new patients will require a physical examination by a veterinarian.

_____ Treat first, and then contact me at the number below **OR** _____ Contact me before treating

➤ *FOR K9 GUESTS:* Sometimes guests make a friend and feel less lonely when kenneled together-

_____ I authorize the experienced kennel staff to use their discretion when kenneling my pet(s).

_____ No, I prefer my pet to room alone overnight.

_____ I would like my pets to kennel together, separately from the other guests.

➤ Would you like your pet groomed before you pick him/her up? **Additional charges apply.** **YES / NO**

○ If Yes, please specify grooming: _____

HOW MUCH SHOULD WE FEED YOUR PET?: _____

BOARDING CHARGES

Checkout time is 12 noon Mon-Sat. An additional \$24 daycare charge will be added for dogs picked up in the afternoon. **Dogs that are intact and/or must be taken outside alone will incur an additional fee.** As a convenience, we offer Saturday/Sunday/Holiday pickup between 6-7pm. Clients picking up during this time must pre-pay prior to pick-up.

Canine Boarding Charges

\$32/night

Feline & Pocket Pet Boarding Charges

\$21/night

Intact &/or Out Alone Guests

An additional \$14/night

Medication Administration

Once a day **an additional \$4.50/night**

Twice a Day **an additional \$6.00/night**

Three a Day **an additional \$7.50/night**

WE REQUIRE:

DOGS: RABIES, DISTEMPER COMBO, BORDETELLA, CANINE INFLUENZA,& FECAL ANALYSIS or DEWORMING WITHIN 6 MONTHS

CATS: RABIES, DISTEMPER COMBO

I, _____, acknowledge that my pet is group housed and may have contact and interact with other animals while staying at Broadway Animal Hospital's kennel facility. I also certify that my pet is, to the best of my knowledge, free of infectious diseases. In the unfortunate event that my pet passes away during his/her boarding stay, I understand that Broadway Animal Hospital will hold my pet until I return to make decisions on final arrangements. I authorize Broadway Animal Hospital to use my pet's picture and/or story for social media purposes. I read the information above on pricing and requirements and give Broadway Animal Hospital permission to update my pet(s) vaccinations and/or deworming should it be necessary.

Signed: **X** _____ Date: ____/____/____

Daytime Phone #(s): _____

Your Pet's Veterinarian/Animal Hospital: _____