

Guntersville Animal Hospital
Express Boarding Check In

Animal Name _____

Drop-off Date _____

1. Your pet must be current on all recommended vaccinations before boarding at our facility. If proof is not provided that vaccinations are current, hospital will bring vaccinations up to date at owner's expense.
2. If we notice fleas on your pet we will give a Capstar pill. Capstar costs about \$5 and is extremely safe. This is to protect your pet as well as others boarding in our facility.
3. While you are welcome to leave personal belongings, (i.e. toys, blankets, beds, etc.), the staff at the Guntersville Animal Hospital will not be held liable for any damaged or soiled property.
4. If your pet needs to receive daily medications while boarding there will be an additional \$2.95 charge per day.

I understand and agree to the requirements for boarding my pet at the Guntersville Animal Hospital.

Owner signature _____

Date _____

***Please answer the following questions so that we may better individualize your pet's needs:**

1. Will Science Diet Adult Maintenance dry formula be sufficient for feeding? YES NO
If no, please provide food and instructions _____
2. The cost of a bath varies from \$22.00 to \$29.00 depending on size and behavior.
Would you like your pet to have a bath before going home? YES NO
3. The cost of Frontline is between \$45.00 and \$55.00 for a 3 month supply.
Would you like us to apply the first dose to your pet while boarding? YES NO
4. The cost of a nail trim is between \$9.00 and \$17.00 depending on behavior of the pet.
Would you like your pet to have a nail trim while boarding? YES NO

5. Please list any other instructions while your pet is boarding

6. What day can we expect you to pick up your pet? _____

7. In the event of a medical emergency while boarding, would you like us to:

Only stabilize your animal until you can be contacted

OR

Perform any procedure the doctor feels necessary

I authorize the Guntersville Animal Hospital staff to perform all above mentioned treatments and services.

Owner signature _____

Date _____

Phone Number(s) _____
