

Academy Pet Hospital

200 Owen Drive, Fayetteville, NC 28304
910-484-7153

Drop off and Pick up Hours:

Monday- Friday: 7:30am-6:00pm and Saturday: 9:00am-12:00pm

This is a boarding agreement between Academy Pet Hospital and the pet owner whose signature and information appears below (hereinafter called "Owner").

1. Owner agrees to pay the boarding rate I effect on the date the pet is checked into Academy Pet Hospital. Boarding is charged for each night that you pet stays with us.
2. Owner further agrees to pay all costs and charges for special services requested and all veterinary costs, if necessary, for the pet during its stay at Academy Pet Hospital.
3. Animals will be examined for fleas and ticks, and if found, a Capstar (oral) will be administered and a flea bath will be given at the Owner's expense.
4. Full payment is due when services are rendered. Full pre-payment or a deposit may be required for new clients or during holiday boarding.
5. Owner authorizes and agrees that any medical problem that may develop with their pet while boarding will be treated as deemed best by the doctors of Academy Pet Hospital with the Owner assuming full financial responsibility for necessary treatments. Academy Pet Hospital will attempt to contact Owner if medical treatment is required, but if we are unable to reach the Owner, medical treatment will be done in the best interest of the pet's health and wellbeing.
6. All vaccinations must be current for pets to board at Academy Pet Hospital. Owner must provide proof of current vaccinations prior to dropping off pet for boarding. Bordetella is required every 6 months and it is highly recommended that this vaccination be given 48 hours or more prior to boarding.
7. Any female dog that is currently in, or comes into, heat while boarding will be required to board individually.

Pet Information

Owner Name:	Pet's Name:	Emergency Contact:	Drop Off Date:	Pick Up Date: <input type="checkbox"/> AM <input type="checkbox"/> PM
Belongings: <input type="checkbox"/> Pet's Own food	Medication Name and Instructions:	Please feed my pet(s): ____ cup(s), ____ time(s) a day <input type="checkbox"/> AM <input type="checkbox"/> MID <input type="checkbox"/> PM <input type="checkbox"/> My pet is free fed Instructions: _____		
If you have multiple pets, do they need to be separated to be fed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your pet Human or Pet Aggressive? If so, explain:	May we post pictures of your pet(s) on our social media? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you like your pet(s) to receive a bath before going home? <input type="checkbox"/> Weekend Package - Includes a bath, ear cleaning, towel and fluff dry <input type="checkbox"/> VIP Package - Includes a bath, ear cleaning, towel and fluff dry, brush over, and nail trim <input type="checkbox"/> Platinum Package - Includes a bath, ear cleaning, towel and fluff dry, brush over, nail dremel, and teeth brushing <input type="checkbox"/> Other: _____				

Owner/ Agent Signature: _____ Date: _____

Pet Health Questionnaire

I would like to have the following medical treatments performed on my pet during their boarding:

- Examination
- Lab Testing: 4DX (Heartworm and tick-borne disease testing)
- Fecal
- Bloodwork

Vaccinations: _____

**Have you noticed any
of the following recently?**

<u>Symptom:</u>	<u>Yes / No</u>
Coughing	Yes / No
Sneezing	Yes / No
Nasal Discharge	Yes / No
Eye Discharge	Yes / No
Change in Appetite or water intake	Yes / No
Change in Behavior	Yes / No
Itchy/ Red Skin	Yes / No
Itchy/ Red Ears	Yes / No

Thank you and we hope you have a safe trip!!

(THIS SECTION IS FOR CLINIC USE)

While Boarding the following conditions were noticed:

<u>Symptom:</u>	<u>Yes / No</u>	<u>Date Noticed/ Duration</u>	<u>Notes</u>
Coughing	Yes / No		
Sneezing	Yes / No		
Nasal Discharge	Yes / No		
Eye Discharge	Yes / No		
Change in Appetite or water intake	Yes / No		
Change in Behavior	Yes / No		
Itchy/ Red Ears	Yes / No		
Itchy/ Red Skin	Yes / No		