



Craig Road Animal Hospital

Boarding and Grooming Consent Form

Date In:

Date Out:

Owner First Name:

Owner Last Name:

Patients Name:

All animals boarding at Craig Road Animal Hospital are required to have proof of current vaccinations.

Dogs must have Distemper/parvovirus annually, bordetella every six months, rabies and current intestinal parasite check. **Cats** must have upper respiratory combo and leukemia annually, rabies and a current fecal. We only except vaccines given by a licensed veterinarian, all others will be void.

These are minimum vaccination requirements and are necessary for the safety of all the animals staying at Craig Road.

Special Instructions or Medications:

Grooming Appointment: _____ Nail Trim: _____ Anal Glands: _____ Other: _____

WILL YOUR PETS BE SHARING A CAGE: YES NO

Medical History: (Please check yes or no)

Heart Condition: Yes No

Seizures: Yes No

Diabetes: Yes No

Other: _____

Respiratory Condition: Yes No

Vaccine Reactions: Yes No

Pregnant: Yes No

**Boarding Bath Special
Includes Nail Trim, Bath &
Brush Out
Dogs <50lbs \$20.00
Dogs >50lbs \$25.00**

Yes No

Is your pet having any of the following: (Please Check Yes or No?)

Coughing: Yes No **Sneezing:** Yes No

Vomiting: Yes No If, yes how many days and how often: _____

Diarrhea: Yes No If, yes how many days and how often: _____

Is your Pet Eating? Yes No If, no how long? _____

Is your Pet Drinking? Yes No If, no how long? _____

Cage Sizes:

_____ **Small Cage:** \$13.00/Pet _____ Each Additional \$9.00

_____ **Med Cage:** \$17.00/Pet _____ Each Additional \$14.00

_____ **Large Cage:** \$18.00/Pet _____ Each Additional \$15.00

_____ **Suites:** \$35.00/Pet _____ Each Additional \$20.00

_____ **Cat's:** \$13.00/Cat _____ Each Additional \$9.00

All precautions will be used against injury, escape, or death of this pet. The clinic and staff will not be held liable for problems that develop, provided that reasonable care and precautions have been followed. I grant permission for any necessary vaccines that are required by Craig Road Animal Hospital and any emergency treatments needed while my pet is boarding. I understand that I am financially responsible for all charges that are acquired for treatments performed to my pet. I understand that all payment in full is required at the time of pick-up for all services rendered during my pets stay. If your pet is found to be aggressive and/or dangerous the staff or other animal's arrangements must be made to pick-up your pet immediately and all financial costs will be the responsibility of the owner. All pets not picked up w/in 10 days after the expected date of pick-up will be considered abandoned. **We are not responsible for any personal items that are lost or destroyed while boarding. We recommend not leaving any items here.**

Emergency Number & Contact: _____

PETS THAT ARE NOT PICKED UP BY 12:00PM WILL BE CHARGED FOR AN ADDITIONAL DAY.

Owners Signature: _____

Date: _____