



Good Hope Animal Hospital Boarding Information Sheet



**** Please Complete & Return at Time of Admission ****

Pet's Name: _____ Dog / Cat / _____ Breed: _____

Owner's Name: _____

Phone Numbers: _____

Emergency Contact Name: _____ Emergency Contact # _____

Others authorized to pick up in your absence: _____

We appreciate that you have entrusted us with the care of your companion during your absence. To ensure the safest environment for all guests and patients staying at our facility we have set the following guidelines:

1. We are able to accept Canine and Feline guests for boarding as well as pocket pets that are able to travel with their own habitat.
2. All boarding guests must have been seen at our hospital for an exam within 12 months.
3. All canine and feline guests over the age of 6 months must be spayed or neutered.
4. Dogs must be current on vaccinations for Rabies, Distemper, Bordetella & Canine Influenza* (ALL vaccines must be given at least 2 weeks prior to boarding.)
* Subject to change based on vaccine availability.
5. Cats must be current on vaccinations for Rabies & Distemper. (ALL vaccines must be given at least 2 weeks prior to boarding.)
6. Guests must have had a negative fecal test done within 6 months (for dogs) or 12 months (for cats) of being boarded.
7. All guests must be free of fleas and flea dirt, or we will treat accordingly at the owner's expense upon admission.

Ala-cart Services – Available for an additional charge: (Please select your preferences below.)

- TLC Package (up-charge per day)** Specify # of TLC Packages _____
Includes: One extended 1on1 TLC session per day
One text message w/picture per day
A relaxing brushing session per day
Extra In-house treats each day
- Bath (available for guests staying a minimum of 4 nights)**
Includes a pedicure
- Pedicure**

Dietary Requirements:

**Changing an animal's diet suddenly can lead to stomach upset and other GI issues, which is why we ask that you bring your pet's own food so that we can help reduce those risks. Please make sure that you bring enough food for the duration of your pet's stay with us plus a few extra days worth (to be safe). Also, please only bring food and treats that your pet is already familiar with rather than introducing any new or "special" foods.

Name of Diet: _____ Dry / Canned / Both
(Circle)

Quantity: _____ Frequency: _____

Special Feeding Instructions: _____

Belongings Brought with Pet: Please label ALL items.

*We will supply size appropriate blankets and beds for your companion. Due to the tendency for animals to destroy blankets while in an enclosed space we ask that you leave the bedding to us. You may however bring along 2 toys for your pet to enjoy while they are staying with us. Please choose carefully – as GHAH is not responsible for any items destroyed or lost while in our care.

Items brought (please list descriptions): _____ Treats: _____
Leash: _____ Collar: _____
Toys: (description) _____
Carrier: _____
Other (please describe in detail): _____

Permission to supply a blanket: Yes No (If no, please explain _____)

Medications

Name of Medication: _____ Dose: _____
How often do you give the medication? _____ Time of Day _____
Was it administered on day of admitting? _____ If yes, what time was it admitted? _____

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Special Needs / Instructions

Please list any special needs or instructions that we should know to provide the best quality care for your pet.

This includes any medical conditions, disorders, allergies, sensitivities, or known aggression triggers.

Play Yard (Canine Only)

GHAH has a spacious grassy yard for our canine guests to enjoy that is enclosed with a 6 foot high wooden privacy fence. We have extended retractable leashes to allow your pet plenty of room to run and exercise outside while still being securely on a leash. Under some circumstances, and per the pet owners request, we may be able to allow your pet “off leash” access to our yard. Please understand that “off leash” access to our yard will still be under the strict supervision of one of our staff members at all times, and is permitted at our discretion for the safety and wellbeing of our guests.

Please **select** your preference below:

- YES – It is okay to allow my dog to have attended “off leash” access to the yard. By selecting this option, I am also acknowledging that my dog does not dig under or jump over fences to the best of my knowledge.
- NO – I would like my dog walked on a leash at all times.



Good Hope Animal Hospital Boarding Authorization Form



Owner's Name: _____ Pet's Name: _____

Check-In Date: _____ Discharge Date: _____

I, the undersigned owner or designated agent, of the above listed pet hereby authorize Good Hope Animal Hospital (hereinafter "GHAH") to board my pet during the dates listed above. I also hereby authorize GHAH to perform the services indicated on the accompanying Boarding Information Sheet (BIS) while my pet is boarding.

Vaccinations & Parasite Control

- All canine and feline animals entering the hospital must be current on core vaccinations as well as had a negative fecal test as outlined on the accompanying BIS. All animals must also be free of external parasites or they will be treated at the owner's expense.
- I understand and accept that upon admission, each guest will be flea combed and evaluated for fleas or flea dirt. If fleas or flea dirt are found, my pet will be treated with Capstar and NexGard (for dogs) or Capstar and Frontline Gold (for cats) at my expense.
- I understand that my pet must be current and up to date with the core vaccinations as outlined on the BIS, and authorize GHAH to administer any required vaccinations to my pet if necessary during the duration of their stay. I also understand that this service may result in an exam being necessary, and I agree to accept full financial responsibility for any additional charges for necessary vaccinations and services. I also understand that if my canine companion has been vaccinated for Bordetella less than 2 weeks prior to boarding, but I elect to board him/her anyway, that I will not hold GHAH responsible if he/she develops Bordetellosis (kennel cough).
- The only exception to this requirement regarding my pet being fully vaccinated will be if my pet has a specific medical condition that would prevent them from safely being vaccinated, in which case it will have been pre-approved by the doctors at GHAH to accept my companion knowing this in advance. Understanding the risks involved with boarding an unvaccinated animal, I willfully declare and agree to release GHAH of any and all liability and responsibility should my pet contract a condition that could have been prevented with a vaccination, as I made the decision to board my companion with GHAH knowing they accommodate other animals in the same area as my unvaccinated pet will be housed in.
- While GHAH is requiring all boarded animals to take the same precautions to minimize the risk of cross contamination and the spreading of contagions while they are being boarded, I understand that this possibility and risk are always going to be present, and I assume responsibility for choosing to board my animal at GHAH, thus releasing GHAH of liability should my pet become sick or ill while in their care.

Medical Treatment Permission & Authorization

- I authorize the veterinarians to perform any necessary services should an **emergency situation** arise, to include sedation as required in order to stabilize my pet until I (or my emergency contact) can be reached.
- I understand that the medical staff of GHAH will attempt to contact me to authorize treatment of incidental ailments or minor injuries, which may occur during my companion's stay. I am aware that additional charges including doctor exam fee and medications will apply.

- In the event that my companion needs medical treatment during their boarding stay, I understand that GHAH will attempt to contact me to notify me of my pet's condition. In the event that I cannot be reached via phone or email, I give consent and authorization for GHAH to perform examination/diagnostic testing, and administer treatment(s) up to the amount of **\$ 200.00** (OR up to **\$**) as the veterinarian deems necessary. I understand that I will assume all financial responsibilities for my pet's medical treatment performed during their boarding stay up to the pre-filled dollar amount or the alternate dollar amount that I indicated above.
- GHAH understands that many animals develop stress induced diarrhea while they are being boarded and are away from home. It is because of this that GHAH offers a safe and effective non-prescription treatment that will help clear up minor cases of diarrhea without the use of prescription medications. By boarding my pet here, I am giving GHAH my consent to treat my companion with their veterinarian approved method of treatment in order to correct this condition in my animal should he/she develop diarrhea, and my authorization to apply the charge for the medication to my pets boarding bill. I also understand that should my companion have a more extensive case of diarrhea that needs additional treatment or prescription medications that additional services and fees will apply.

General Boarding Authorization

- While GHAH will do their best to take care of my pets personal belonging (such as toys), I understand that these items may become lost, damaged, or destroyed during my pets stay, and it is with that understanding that I agree and accept that GHAH is not responsible for mishaps with or the loss of personal items.
- I also understand and acknowledge that the Hospital is not staffed 24 hours a day.
- I accept full financial responsibility for the boarding fees for my pet as well as any charges for services or treatments as outlined and selected on the Boarding Information Sheet as well as any medical treatments needed by my pet. I also understand that payment in full is expected at the time of discharge when I come to pick-up my pet.
- If I do not pick up my pet within five (5) days of the scheduled pick-up date, GHAH will assume the animal is abandoned. If the animal is abandoned, GHAH is authorized to remedy the abandonment as prescribed by law. I further understand that abandonment DOES NOT release me of my financial obligation for services rendered, fees associated with abandonment, collection action, and/or legal services.

By signing below, I am acknowledging that I have read and understand ALL of the above listed bullet points contained within this Boarding Authorization Form, and that my pet is within compliance to all of Good Hope Animal Hospital's boarding requirements as noted and listed above.

Signature

Date