

Boarding Admission Form for: _____

Pick Up Date: _____ **Pick Up Time:** _____ (AM/PM)

If someone other than pet's owner will be picking up, please provide their name and contact information

Boarding Fees:	<i>Canine Boarding Fees:</i>	<30# \$20/day	<i>Feline Boarding Fees:</i>	\$20/day
		31-60# \$22/day	<i>Exotic Boarding Fees:</i>	\$24/day
		61-90# \$24/day		
		>90# \$26/day		

Fees are based PER PET. For clients boarding multiple pets, there is a \$2 per pet/per day discount.
Initial _____

Would you like your pet to receive a **BATH/GROOM** before going home? (See below for applicable fees)
(Yes \ No) Initials _____

Bath: If your pet will be staying **5 nights or longer** we would like to offer your pet a bath (only) at a discounted price as follows:

Less than 30 lbs	\$25.00 (discount \$12.50)
31 – 60 lbs	\$30.00 (discount \$15.00)
Over 60 lbs	\$35.00 (discount \$17.50)

Groom: Groomer will go over fees during your boarding check-in process

In case of Illness

If your pet unexpectedly becomes ill while boarding you authorize us to: **Check only One**

- 1. Perform all necessary procedures []
- 2. Call before doing any procedures after immediate stabilization []
- 3. Do nothing without prior consent (this may put your pet at risk) []

Owner release

You are to ensure all reasonable precautions against injury, escape, or death of my pet. The clinic and staff will **not** be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that **any** problems that develop with my pet while I am absent will be treated as deemed best by the staff veterinarians. If I neglect to pick up my pet within 5 days of the date above and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet(s) as you deem best and/or necessary. *Animal Doctors of Gray cannot be held responsible for lost or damaged toys, bowls and bedding.*

If fleas and/or ticks are SEEN on my pet, my pet WILL BE TREATED with an appropriate preventative and I assume full responsibility for the treatment expense involved (Cost ranges from \$18.97 to \$20.87):
_____ (Initial)

Date _____ Signature of Owner/Agent _____

Emergency phone number (s) _____ or _____

This section is for staff use only

Admitted by: _____

Physical exam at admission

Name_____	Wt_____	T ⁰ _____	Teeth___	Throat___	Skin___	Fleas (Y N)	Capstar___	Nails Trimmed___	Ears Cleaned___	Tech_____
Name_____	Wt_____	T ⁰ _____	Teeth___	Throat___	Skin___	Fleas (Y N)	Capstar___	Nails Trimmed___	Ears Cleaned___	Tech_____
Name_____	Wt_____	T ⁰ _____	Teeth___	Throat___	Skin___	Fleas (Y N)	Capstar___	Nails Trimmed___	Ears Cleaned___	Tech_____
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