

**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*

<b>Boarding Fees:</b>	<i>Canine Boarding Fees:</i>	<30# \$32/day	<i>Feline Boarding Fees:</i>	\$35/day
		31-60# \$34/day	<i>Exotic Boarding Fees:</i>	\$40/day
		61-90# \$36/day		
		>90# \$40/day		
			After Hours Pick Up Fee:	\$50

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

**Initial** \_\_\_\_\_

Your pet will receive a **BATH/GROOM** before going home. (See below for applicable fees)  
 Initials \_\_\_\_\_

*Bath:* If your pet will be staying **5 nights or longer** the bath will be at a discounted price as follows:  
 Less than 30 lbs \$35.00 (discount \$17.50)  
 31 – 60 lbs \$40.00 (discount \$20)  
 Over 60 lbs \$45.00 (discount \$22.50)

*Groom:* Groom fees apply at regular rates.

**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.** \_\_\_\_\_ (Initial)

**Patients are required to be fully current on the following vaccinations to board with GADOG:**

**Dogs: Rabies, Distemper/Parvo (DHPP), Bordetella and Influenza (BIV)**

**Cats: Rabies, Feline Respiratory Vaccine (FVRCP), Feline Leukemia (FeLV)**

**If my pet is not current, I agree for GADOG to update all necessary vaccines and assume the cost of doing so by my signature below.**

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<sup>0</sup> \_\_\_\_\_ Teeth \_\_\_ Throat \_\_\_ Skin \_\_\_ Fleas (Y N) Capstar \_\_\_ Nails Trimmed \_\_\_ Ears Cleaned \_\_\_ Tech \_\_\_\_\_

Name \_\_\_\_\_ Wt \_\_\_\_\_ T<sup>0</sup> \_\_\_\_\_ Teeth \_\_\_ Throat \_\_\_ Skin \_\_\_ Fleas (Y N) Capstar \_\_\_ Nails Trimmed \_\_\_ Ears Cleaned \_\_\_ Tech \_\_\_\_\_

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Name \_\_\_\_\_ Wt \_\_\_\_\_ T<sup>0</sup> \_\_\_\_\_ Teeth \_\_\_ Throat \_\_\_ Skin \_\_\_ Fleas (Y N) Capstar \_\_\_ Nails Trimmed \_\_\_ Ears Cleaned \_\_\_ Tech \_\_\_\_\_