



7005 Harps Mill Road
Raleigh, NC 27615
919-847-0141

BOARDING ADMISSION FORM

Client/Patient Name: _____

Date: _____

We agree to use all reasonable precautions against injury, escape and death of the pet. The hospital and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. If the pet is not picked up within 10 days of the discharge date, it will be considered abandoned. It may be turned over to the nearest animal shelter or disposed of how Falls Village deems proper.

Vaccinations and Parasites:

Only animals that are up to date on vaccinations and free of parasites will be admitted for boarding. If a pet has a heavy tick or flea infestation, it will be bathed and treated with prevention at the owner's expense. We cannot guarantee that the pet will be discharged completely parasite free, but we will make every effort to send the animal home flea and tick free.

Medical Care:

If an animal becomes ill while being boarded, the owner will be called to consent to treatment. However, if either contact is not available or the animal needs emergency treatment, the hospital is authorized to treat the pet and the owner will assume full financial responsibility under the following guidelines: *(Please initial only one. This is necessary if we are unable to reach you by contact information provided.)*

- ☐ Do all that is necessary for my pet. (No cost limitations)
☐ Do not spend more than \$ _____ in the treatment of my pet.

Primary contact name: _____ Primary phone: _____

Secondary contact name: _____ Secondary Phone: _____

Pet Belongings:

We request that the owner not bring any toys, bedding or other personal articles for their pets. We supply all pets with comfortable bedding, food and treats.

Owner's food? : ☐ Yes ☐ No Special Diet? ☐ Yes ☐ No Known Allergies? _____

How many cups of food and how often do you feed your pet? _____

List any concerns for a doctor visit: _____

List any Medication to be given while boarding: 1) _____

* Additional fees will be charged when the number of 2) _____

medications and/or injections are more than three. 3) _____

Pick up Date: _____ ☐ AM ☐ PM Name/phone of person picking up: _____

**Please note: Drop off M- Fri: 7:30 to 5 PM, Sat. 7:30 to 11. No dismissals on Sat after 12 PM to Mon 7:30am*

Dismissal bath? ☐ Yes ☐ No **Pick up after 3 pm if getting a dismissal bath.*

- Shampoo: ☐ Oatmeal ☐ Coconut ☐ Honey Almond ☐ Medicated: _____

- Extras: ☐ Furminator ☐ Potty Patch ☐ Grind Nails ☐ Feet, Feather, Fanny ☐ Shave Mats ☐ Trim Feet
☐ Brush Teeth ☐ Other: _____

Agreement:

I understand that payment (cash, check or charge) is due when I pick up my pets. I have read this contract and agree with its terms. Any new clients or stays that extend past 14 days will require a 50% deposit at time of check in.

Arrival Owner Signature _____

Date: _____

Admitted by: _____

Double checked by: _____

Departure Owner Signature _____