

Andover Animal Hospital , Inc
233 Lowell Street, Andover, Massachusetts 01810
Phone: (978) 475-3600
www.andoveranimal.com
BOARDING CONSENT FORM

Account #: _____

Client Name: _____

Patient Name: _____

Weight: _____

Please list any and all special instructions for your animal while they are boarding at our facility:

Boarding Until: _____ Multiple Family pets board Together: _____

Feeding Instructions: _____

Medications (administration fee of \$1.85 - \$3.25): _____

Other Special Instructions: _____

Note: AAH is NOT responsible for personal items brought in.

Walks (additional outdoor walks are \$4 per walk-tick preventative required within the last 30 days) : None Once Daily Twice Daily Frontline give at my expense Frontline already has on

Bath (\$25 if animal is here less than 3 nights) : Yes No Nail Trim (\$12) : Yes No

*** All animals must be up-to-date on required vaccines to board at our facility however all vaccines require an exam (\$54).**

Please initial and check the needed vaccines _____
(Ask staff to help you)

- Rabies Bordetella* Heartworm Test Lyme Fecal Mature Wellness Screening
 Distemper Lepto/Exam FELV/FIV Test FELV Annual Exam

* Bordetella like all vac is not 100% effective but it also has a 10 day lag where your dog is at risk for infection.

NOTE: Additional charges may be added to boarding charges if your pet becomes ill and needs medical attention. Emergency care will be administered pending contact with you or your principal unless you decline any and all care. If you decide to decline all care when dropping your pet off for boarding you must sign a form declining care. Also, pets must have up-to-date annual physical examination, vaccinations and for cats Feline Leukemia/FIV Testing. Otherwise, shots and/or testing will be done and charged to the client's account.

Admission and Discharge: HOURS: Mon - Fri 8am - 8pm Saturday and Sunday 8am - 5pm

Rates apply to 24 hour periods or any part of 24 hours.

I understand that my boarded pet is exposed to other animals and at risk for potential infectious diseases.

I hereby declare that I have authorized treatment-involving hospitalization of the above described animal. I promise to be responsible for and make payment, in full for the Veterinary and Boarding services incurred.

Signature:

Date

Time:

Emergency Contact Number: _____

Witness Initials _____