

Andover Animal Hospital, Inc.

233 Lowell Street, Andover, MA 01810

Phone 978-475-3600 Fax 978-475-0455

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: Y / N _____

Feeding Instructions: _____

Medications (administration fee of \$1.50- \$2.50): _____

Other Special Instructions: _____

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

Walks (additional outdoor walks are \$3 per walk) : None Once Daily Twice Daily

Bath (\$17 if animal is here less than 3 nights): Y / N Nail Trim (\$10): Y / N

**All animals must be up-to-date on required vaccines to board at our facility, however we can up date them while they are here boarding.* Please initial then circle the needed vaccines: _____ (Ask staff to help you)

Rabies Distemper Bordetella* Leptospirosis Lyme Heartworm Test FELV FELV/FIV Test

Fecal Annual Exam Mature Wellness Screening

* 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 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 services incurred.

Signature: _____ Date: _____ Time: _____

Emergency Contact Number : _____

Witness Initials _____