



**Andover Animal Hospital , Inc**  
 233 Lowell Street, Andover, MA 01810  
 Phone: (978) 475-3600  
 Fax:  
 www.andoveranimal.com

**Feline Boarding Consent**

Client Name:

Client ID #:

Breed:

Patient:

Sex:

Color/Markings:

Age:

Weight of patient: \_\_\_\_\_ LBS

**Instructions:**

Boarding until: \_\_\_\_\_

Multiple pets board together?  Y  N

Feeding Instructions: \_\_\_\_\_

Medications (administration fee of \$1.85 to \$3.25): If once daily, please note if given in the morning or evening.

Please list any other special instructions for your pet while they are boarding here with us:

**Note: We are not responsible for any personal items brought in with your pet.**

Bath (\$28 if less than 3 nights):  Y  N

Nail trim (\$14):  Y  N

**Vaccinations:**

All animals **must** be up to date with **required** vaccines to board in our facility. Any needed vaccines administered will **require** an exam for the additional cost of \$69.

Any exam, vaccinations and/or testing required for boarding **will** be done and charged to your account without prior documentation.

Please mark the needed vaccines and procedures. \* **REQUIRED FOR BOARDING**

<input type="checkbox"/> *Wellness Exam \$69	<input type="checkbox"/> *Fecal Sample \$44
<input type="checkbox"/> *Feline Distemper (FVRCP) \$32 (Exam Required)	<input type="checkbox"/> *Consent for Treatment of Positive Fecal
<input type="checkbox"/> *Rabies \$24 (Exam Required)	<input type="checkbox"/> *Feline Leukemia/FIV Test \$88
<input type="checkbox"/> Feline Leukemia (FELV) \$33	<input type="checkbox"/> Feline Wellness Screen \$150
<input type="checkbox"/>	<input type="checkbox"/>

We will be vaccinating your pet while he/she is here as indicated above. We want to inform you there is a possibility your pet may experience lethargy and a mild fever for 24-48 hours. This is a typical response. Adverse reactions include severe vomiting or diarrhea, difficulty breathing, hives and/or swollen face. Reactions usually occur within 30-60 minutes from vaccination but can occur up to 24 hours later. If your pet has a reaction, we will contact you immediately.

Please initial you have read the above paragraph \_\_\_\_\_

**NOTE:**

\*I understand my pet is exposed to other animals and may be at risk for potential infectious diseases. Additional charges may be added 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 emergency care when admitting your pet for boarding, you **must** sign a form declining additional treatment.

\*I hereby declare that I have authorized treatment involving hospitalization of the above described animal. I promise to be responsible and make payment, in full, for the boarding and veterinary services listed above.

**I understand that my pet is not supervised overnight.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Text Message:** \_\_\_\_\_

**Emergency Phone #:** \_\_\_\_\_

**E-Mail Address (for non-emergencies):** \_\_\_\_\_

**Employee Initials:** \_\_\_\_\_

**Admission and Discharge Hours:**

8am to 7:30pm Monday-Friday, 8am to 4:30pm Saturday and Sunday