

Please fill in every line. Please read all notes in yellow, thank you.

SCANNED

Lodging Agreement

Pre-Paid

Owner _____ Pet(s) _____
Staying _____

Dates of stay _____ to _____ (returning within 30 days) _____ to _____

Sunday Pickup – Sunday pickup is available from 11am until 12pm only.

There is a \$10.00 Sunday pickup fee. We must know for sure if you will be picking your pet(s) up on Sunday.
Pets picked up after twelve p.m. are charged for that day.

Dog Lodging

Level: Top Dog Hot Dog Good Dog Puppy
Location: JR DC RR DW

Feline Lodging:

Level: Good Cat : 2 Room Condo
Fancy Cat: 2 Room Fancy with playtime

Additional services:

Additional Walks – How many per day? _____
 Additional Play times – How many per day? _____

Emergency Contact: Please give **two** numbers of someone to be reached (this can include you if you will be reachable).

Pet's Belongings: We are not responsible for any personal belongings left with your pet(s).

Special Instructions: Are there any commands or special words your pet(s) are familiar with?

Did you bring your pet(s) own food? **Y** **N** (Please circle) Feeding Instructions:

AM _____
PM _____

Medication(s): **Y** **N** (Please circle) **There is a charge per day for prescription administration.**

AM _____
PM _____

Have you given the medication for today? _____

Y **N** **Can we spray Adaptil on bedding/neckerchief (pheromone spray), If your pet has anxiety while staying.**

Y **N** **Can we add Firm-up (pumpkin) for soft stools to the pet food, if your pet has soft stools while staying?**

Y N If Firm-up doesn't help, can we have a doctor perform an exam and prescribe an appropriate medicine to bring relief at an additional charge?

Please read and initial:

_____ If vaccinations are not up-to-date, or I am unable to provide proof of vaccination, the following services will be rendered, and the appropriate charges made to my account.

_____ If my pet has not been seen by the doctor's at BBPH and is due for any vaccine an exam is required prior to vaccinations.

_____ My pet must be free of internal and external parasites. If any fleas/ticks are observed or intestinal problems arise with my pet(s) while staying, appropriate medication or any other treatment will be done, and the charges made to my account.

Listed below please find the treatments your pet is currently due:

PLEASE CIRCLE:

Nail Trim: YES / NO Grooming: YES / NO Date of grooming: _____

Notes for groomer:

Your canine will have a boarding bath (additional charges will apply) if staying three nights or more, unless your pet has a groom scheduled before leaving from this boarding appt. If you would like your feline to be bathed, please schedule a groom before leaving.

****** If Staying less than three nights, would you like a Canine Boarding Bath: YES / NO**

Brand of Flea prevention you use: _____ Last applied: _____

If you have not applied flea prevention within thirty days, we will apply it for an additional charge.

Photography Release:

Y N _____ (Please Initial) I authorize Blackbob Pet Hospital to publish photographs taken of my pet(s) while staying for use in the hospital's publications including those that are printed, published online, or created in video form.

Medical Illness Policy

In the event your pet(s) become ill we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options and estimate of additional charges. If no one can be reached however, please indicate your wishes below should your pet need required treatment to relieve immediate discomfort.

_____ Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes non-elective treatments and necessary diagnostics.

I authorize up to (initial one or indicate amounts) \$ _____ \$100 _____ \$200 _____

_____ Do not administer any medical treatment until someone can be reached.

Signature: _____ Date: _____

Signature: _____ Date: _____
(2nd signature for 2nd lodging reservation within one 30-day period)