



# Aviara Animal Health Center



## Medical Boarding Agreement (one per pet)

Client Name: \_\_\_\_\_ Check-In Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Will you be reachable at this number while you are away? Y / N ; If you will not be reachable, please leave an alternate contact: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If you are not reachable, your alternate contact will be used. By signing this agreement you are authorizing your alternate contact to make medical and financial decisions for your pet in your absence. In the event we are unable to reach either party, the doctor will perform the necessary treatments and diagnostics, within reason, for your pet's health and well-being.

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_

Please list all medications with the amounts, frequency and time given (ex. 1 tab once a day in am) : 1. \_\_\_\_\_  
2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Last time(s) medications were administered: \_\_\_\_\_

Feeding requirements (check one option):  Feed a diet provided by the hospital  I brought my pet's food.

My pet is fed:  Once a day AM / PM;  Twice a day;  Three times a day;  Other: \_\_\_\_\_ Does your pet have any food allergies?:  Yes;  No Special instructions: \_\_\_\_\_

### Services Requested:

|   |  |                          |  |          |                          |
|---|--|--------------------------|--|----------|--------------------------|
| Single Suite Boarding                             | \$45.00 (per 24 hours)   | <input type="checkbox"/> | Bath:  | \$35.00  | <input type="checkbox"/> |
| Second Pet (Sharing Same Suite)                   | \$25.00 (per 24 hours)   | <input type="checkbox"/> | Nail Trim:   | \$25.00  | <input type="checkbox"/> |
| Adjoining Suite Boarding Rate:<br>(2 pet minimum) | \$45.00/\$35.00 (1 <sup>st</sup> /2 <sup>nd</sup> pet)<br>(per 24 hours) | <input type="checkbox"/> | Annual Exam:   | \$64.00  | <input type="checkbox"/> |
| Day Boarding Single Suite:                        | \$35.00 (per pet during<br>hospital hours only)                          | <input type="checkbox"/> | Vaccinations:  | \$Varies | <input type="checkbox"/> |
| Diet Provided by the Hospital                     | \$5.00 (per day)   | <input type="checkbox"/> | Anal Gland Expression:   | \$29.00  | <input type="checkbox"/> |
| Other: _____                                      |  | <input type="checkbox"/> | Fecal Test   | \$54.25  | <input type="checkbox"/> |
|   |  |                          | Medication Administration: \$5.00/day<br>(oral medications)        |          | <input type="checkbox"/> |
|   |  |                          | Medication Administration: \$10.00/day<br>(injectable medications) |          | <input type="checkbox"/> |

By signing below, I understand AAHC is not open 24 hours a day and thus my pet will be on the premises over night without supervision. I state that I am the owner or authorized agent for the above referenced animal and understand that because Aviara Animal Health Center provides medical boarding, a comprehensive examination is required annually with a doctor at AAHC. I also understand that my pet must be up to date on the following preventative medicine: 1. Vaccinations- Rabies, DHLPP (or DHPP) and Bordetella for canines and/or Rabies, FVRCP/FelV (or FVRCP) for felines; 2. Fecal examination performed within 1 year. If my pet is not current on any/all preventative medicine, I authorize AAHC to perform the vaccines/tests necessary to consider my pet protected. Furthermore, I understand that my pet must be free of external parasites. If any external parasites are noted on my pet at the time of admission, I understand the hospital will apply a preventative and bill my account accordingly. A registered veterinary technician will perform examinations to ensure my pet is healthy while staying at AAHC and any abnormalities found will be addressed. If any treatment is required, we will make every attempt to contact the owner or emergency contact listed. However, if we are unable to reach either party, we will perform any treatments and diagnostics, within reason, to keep your pet safe and healthy.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_