

BOARDING ADMISSION FORM

Pine Belt Veterinary Hospital and Kennel
7436 US Hwy. 49 N., Hattiesburg, MS 39402 (601) 268-2696

Client Name: _____		
Emergency Phone: _____		
Name of person authorized to pick up your pet (if other than yourself): _____		Phone: _____
Pet's name(s): _____ _____	Check-in Date: _____ Check-out Date: _____	Pick-up Time: _____ (If departure is after 12:30 pm on pick-up day, pet will be charged ½ day boarding charge for that day).

Initial: _____ ALL PETS ADMITTED MUST BE CURRENT ON THE VACCINES REQUIRED BY PINE BELT VETERINARY HOSPITAL AND KENNEL. **Written proof of vaccination is required.** If your pet is past due or if records cannot be obtained, your pet will be given the necessary vaccinations or tests upon admission, and current charges will apply. Fax records prior to admission to (601) 261-0781.

Initial: _____ PETS MUST BE FREE OF EXTERNAL and INTERNAL PARASITES, and pets found to have evidence of parasites will be treated at the owner's expense.

Boarding Services Offered

Basic Indoor Kennel:

- Dogs 0-25lbs \$16/night
- Dogs 26-50lbs \$17/night
- Dogs 51-75lbs \$18/night
- Dogs 76-100lbs \$19/night
- Dogs 101+lbs \$21/night
- Cats \$16/night

*All canine boarding rates include two outdoor exercise sessions per day. Additional exercise sessions are available upon request for \$3.00 per session.

- Additional exercise session per day \$3.00/per session

Caged Pets (Ferret/Rabbit/Birds/Pocket Pet/Reptile):

- \$16/cage

- Daycare ½ price of boarding charge

Medication Administration

- Daily Medication Administration-Minimal \$3.00/night
(up to 2 medications administered up to 2 times daily)

- Daily Medication Administration-Extended \$4.00/night
(more than 2 medications or more than twice daily dosing)

All medications brought must be labeled with patient name, name of medication, and dosage instructions. If medications are not provided, you will be charged at the current rates for medications that we must fill. Please list any/all medications below, their dosages and instructions.

If your pet currently has an actively managed medical condition that requires multiple daily medications and extensive monitoring (i.e. diabetes), your pet will be charged for hospitalization rather than boarding.

Medication Name	Dosage Amount	Dosage Instructions	Time Last Given?

Special Instructions (please initial each line that applies)

Unless otherwise instructed, your pet will be fed Royal Canin. If your pet has other dietary needs, please provide food or allow us to provide it at current charges.

_____ I have special dietary instructions for my pet. Please specify: _____

_____ I am leaving personal belongings with my pet. Please list: _____

Other Requests (please initial each line that applies)

_____ Go home bath (½ price for dogs that have boarded for 3 or more nights, regular price <3 nights)

_____ Special requests-Boarding your pet provides a good opportunity to request any treatments your pet may need such as bloodwork or other tests, dental procedures, comprehensive physical exams, or mass removals. Please list any procedures you wish for us to perform on your pet during his or her boarding stay:

Kennel Hours

Our kennel is open for check in and dismissal the following times:

Monday-Friday 7:30am-5:30pm, Saturday 7:30am-1:00pm, Sunday 4:00pm-5:30pm

A fee of \$25.00 is charged for check in or dismissal after hours at times the kennel staff would normally be present. An emergency fee of \$40.00 is charged for check in or dismissal when staff must make a special trip to the hospital.

The front office is closed the entire day of Thanksgiving Day, Christmas Day, New Year's Day, and July 4th, and is closed the afternoon of Christmas Eve and New Year's Eve. If our office hours must change for any other holidays, you will be notified at check in.

Please read and initial each statement below:

_____ PBVH & Kennel reserves the right to refuse admission of aggressive or behaviorally challenged pets.

_____ We will not leash walk any dog with aggressive tendencies.

_____ If we determine that your pet is a danger to our staff or other pets, you will be asked to remove your pet immediately from our facility.

_____ If your pet's disposition requires special handling (i.e. additional caging/restraint, extra monitoring, or additional staff involvement), there will be an additional boarding charge of \$5.00/day.

_____ We reserve the right to refuse to board destructive pets. If your pet causes excessive damage to our facility or property (beyond normal wear-and-tear), you will be responsible for charges related to the repair of that damage.

_____ Any pet not claimed within ten (10) days of pick-up date, without new provisions being made, will be considered abandoned and will become the property of Pine Belt Veterinary Hospital and Kennel to be handled according to our best judgment.

_____ I understand that the clinic is not responsible for loss or damage to personal items I choose to leave with my pet.

_____ I authorize Pine Belt Veterinary Hospital and Kennel and its employees to do whatever is necessary (including anesthesia) in case of an illness or emergency to care for and treat my pet. I understand that that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my pet. If I am unable to be reached, I authorize the veterinarians of Pine Belt Veterinary Hospital and Kennel to proceed with treatment as deemed necessary for the well being of my pet. I understand that I will be financially responsible for all charges incurred at checkout.

My signature below indicates that I have READ and UNDERSTAND this entire form, and have asked and had answered any questions about any areas that I did not understand.

Authorized Signature: _____ *Date:* _____

<i>Staff Use Only</i>	
Admitted by: _____	Current Vaccination History verified: _____ Wt. at check-in _____
External Parasite Check performed by: _____ NEG <input type="checkbox"/> POSITIVE <input type="checkbox"/> Treatment given: _____	
Kennel #: _____	Kennel Card Made: _____ Belongings labeled in cubby: _____
Bath on Bath Board: _____ Go home Bath done (initial/date): _____	
Procedures on Tx Board: _____	Meds on Tx Board: _____ Charges on Chart? YES NO