



## Boarding Drop off Form

Owner's/Authorized Agent's Name: \_\_\_\_\_  
Admission Date: \_\_\_\_\_ Pick up Date: \_\_\_\_\_ Pick up Time: \_\_\_\_\_  
Pet's Name \_\_\_\_\_ Sex: F \_\_\_ Spayed F \_\_\_ M \_\_\_ Neutered Male \_\_\_  
Pet's Name \_\_\_\_\_ Sex: F \_\_\_ Spayed F \_\_\_ M \_\_\_ Neutered Male \_\_\_  
Pet's Name \_\_\_\_\_ Sex: F \_\_\_ Spayed F \_\_\_ M \_\_\_ Neutered Male \_\_\_

**Belongings brought with pet:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Food brought with pet:** \_\_\_\_\_  
**Feeding amounts and times of day:** \_\_\_\_\_  
**Existing health issues:** \_\_\_\_\_  
**Medications (drug names, instructions):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact information while your pet is boarding (2 phone numbers):** \_\_\_\_\_  
\_\_\_\_\_

**Name and phone number(s) of person authorized to make decisions regarding emergency medical or surgical care for your pet if we're not able to reach you:** \_\_\_\_\_  
\_\_\_\_\_

### Special Requests and Notes:

- Please bathe my pet (\$12) and trim nails (\$6) within 48 hours of pickup (\$18 for both)
- I prefer having a blanket or bed in my pet's kennel
- Do not leave a blanket or bed in my pet's kennel since he/she may be prone to eating them
- My pet does not get along with other dogs/cats and should not be allowed to have group playtimes with them
- medication administration (no charge, please carefully record type/instructions)
- One-on-One playtime (\$5 additional per day)

**Proof of vaccinations:** We require that boarding pets have current immunization status for Rabies, Distemper and Bordetella (dogs) and Rabies/Distemper for cats. Vaccination records must be from a licensed veterinarian/veterinary clinic; home-administered vaccinations do not fulfil this criteria. The admitting team member has reviewed medical history and my pet is current on vaccinations.

**Canine Infectious Respiratory Disease (CIRD):** I have been informed that Bordetella is not the only type of respiratory disease that can cause symptoms of "kennel cough" and that there are several types of infections (viral and bacterial) that can cause this illness; for some of these no vaccinations exist. My pet may not be fully protected against CIRD and I agree to report to Antigo Veterinary Clinic if he/she develops any coughing within a week after boarding. I also acknowledge that my pet is not currently showing any signs of cough, eye discharge, or nose discharge.

**Flea/tick prevention: product and date of last use:** \_\_\_\_\_

**Heartworm prevention or deworming: product and date of last use:** \_\_\_\_\_

\*\*For your pet's protection, we require that all boarding dogs have currently been given flea/tick preventive and heartworm preventive or deworming medication within the month prior to boarding. By signing below you agree that your pet is current on these preventives and agree to accept responsibility for treatment of your pet(s) if he or she acquires fleas, ticks or parasites while boarding. If your pet has fleas, ticks or intestinal parasites at admission, he or she will be treated by the veterinarians at Antigo Veterinary Clinic, and you will be responsible for the expense.

**Authorization for Veterinary Care:**

1. I authorize the administration of probiotic or metronidazole (or both) to my pet for the treatment of diarrhea related to the stress of kenneling.  Yes  No

2. I authorize the administration of calming drugs such as Trazodone, for the treatment of anxiety in my pet during kenneling. Signs of anxiety may include: constant pacing and vocalizing, pawing at the kennel, refusal to eat, fear posturing, and fear aggression.  Yes  No

3. I authorize Antigo Veterinary Clinic to perform diagnostics for, and administer treatment to my pet, not to exceed the amount of \$ \_\_\_\_\_, in the event that my pet develops any illness while boarding, and in the event that I cannot be reached. I understand that payment in full will be necessary at the time my pet is released from the hospital. Furthermore:

If my pet requires it for emergency care, I authorize administration for sedation and/or anesthesia. I understand that sedation and anesthesia have inherent risks and would not be done unless absolutely necessary.  Yes  No

I authorize emergency surgery to be performed, if necessary, for my pet. I understand that there are risks associated with surgery and that the doctors of Antigo Veterinary Clinic would not perform surgery unless absolutely necessary, such as for gastric dilation/volvulus (bloat).  Yes  No

**Medications**

If your pet will be receiving medication during his or her stay, it must be in the original veterinary-labeled container with instructions for administration and your veterinarian's phone number. Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill.

**Statement of Kennel Policy**

1. A full day's board is charged for the first and last days, no matter what time your pet is admitted or released.
2. Pets must be picked up between \_\_\_\_\_ and \_\_\_\_\_. Discharges after hours are not allowed.  
The kennel is closed on the following days \_\_\_\_\_.
3. Personal items may be left at your own risk. We are not responsible for loss or damage.
4. This facility cannot guarantee the health of any animal, but pledges to provide appropriate care to all boarders. I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss or gain, rough hair coat, kennel cough, upper respiratory infection, diarrhea, and fleas.

I agree to make full payment at the time of discharge. I certify that my pet(s) appears to be free of contagious disease and has not bitten anyone in the past ten days. I accept that if I fail to pick up my pet(s) within ten days of notification at the above address, it will be considered abandoned and will be handled in accordance with state law, and that doing so does not relieve me of my financial obligations.

**I have read the above and I am in full agreement.**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date