

INGLESIDE ANIMAL HOSPITAL
ALL BOARDING MUST BE PAID IN FULL AT DROP OFF TIME!!!!

CLIENTS NAME: _____ PETS NAME _____

Phone # _____ Pick up Date _____

Please Read the Following:

- Ingleside Animal Hospital highly recommends a Bordetella vaccine every 6 months to protect your pet against Kennel Cough. Kennel Cough is an upper respiratory infection that is highly contagious in boarding and grooming situations. It is airborne and causes severe coughing, mucous drainage, and may be difficult to cure. However, the vaccine is not 100% effective; it is 85% effective against the disease. If your pet develops Kennel Cough, the treatment is at owners' expense. All pets boarding at this facility are required to be current on Rabies vaccines. Initial here _____.
- I would like my pet to receive the Bordetella vaccine: Accept _____ Decline _____
- Saturday/Sunday pick up is available in the morning at no extra charge between the hours of 9:00-10:00am, and in the afternoon with a charge of a half day of boarding between the hours of 5:00-6:00pm. RING DOORBELL ON RIGHT SIDE OF FRONT DOOR TO GET IN!
- Between the hours of 6 pm – 7am there will not be clinic personnel in the hospital.
- Your pet will be inspected for fleas and ticks prior to entering our boarding facilities. If fleas and/or ticks are found on your pet, he/she **WILL BE TREATED** at owner's expense.
- If your pet has any special needs or medication, please let us know and describe below. Medications or injections any special daily treatments cost per day.

- Other health conditions need to be described here: _____

____ INITIAL HERE FOR CONDO (CANINE)

____ INITIAL HERE FOR RUN (CANINE)

____ INITIAL HERE FOR CONDO (FELINE)

____ *DIABETIC BOARDING IS AN ADDITIONAL \$12.75 PER NIGHT.

____ * BOARDING WITH MEDICATION \$2.25 PER NIGHT.

*Prices May Vary During Holiday Hours

I have read and understand all aspects of this boarding consent form. I give Ingleside Animal Hospital permission to examine/treat my pet in the event that they deem it necessary and understand that additional cost will occur.

If you **do not** grant Ingleside Animal Hospital permission to examine/treat your pet initial here _____ and please give an emergency contact phone number in the event that your pet needs treatment.

Signature _____ Date _____