

# BOARDING FORM

All Pets Animal Clinic, PC  
1420 Lake Street • Spirit Lake, IA 51360 • 712-336-3647

Dates of Boarding: \_\_\_\_\_ To \_\_\_\_\_

Client Name: \_\_\_\_\_ Pet Name \_\_\_\_\_

Contact Phone number: \_\_\_\_\_ Breed: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ Male: \_\_\_\_\_ Neutered: \_\_\_\_\_ Female: \_\_\_\_\_ Spayed: \_\_\_\_\_

All boarding pets must be current on Rabies, Distemper, and Bordetella (Kennel Cough) Vaccinations. Pets vaccinated at a facility other than All Pets Animal Clinic must provide proof of current vaccinations. If vaccinations are past due your pet will be vaccinated for his/her protection. The cost of vaccinations administered at this facility will be added to your invoice.

List any medical conditions / recent procedures: \_\_\_\_\_

Additional Procedures to be Performed: \_\_\_\_\_

**Feeding:** All Pets will be pleased to feed a prescription diet or another commercial food of your choice if you bring it with you. We do ask that you bring your own food as abrupt changes may result in vomiting and diarrhea. If food is not provided for your pet an appropriate one will be chosen by All Pets Animal Clinic's Veterinarian.

\_\_\_\_\_  
\_\_\_\_\_

Personal Belongings: \_\_\_\_\_

## List of medications

Name of medications	Dosage	Frequency

**Bath:** I would like my pet bathed before dismissal:    Yes        No

## Boarding Authorization

1. A full day's board is charged from the time the pet is checked into the kennel until noon the next calendar day. If a pet's check out occurs prior to noon, then a charge is not incurred for the day of the check out.
2. Pets must be picked up between regular business hours: Monday through Friday 7:30 am to 5:30 pm, and Saturday 8:00 am to 1:00 pm. Discharges after hours or on Sundays are not allowed.
3. I understand that personal items may be left with my pet at my own risk. All Pets Animal Clinic will not be held responsible for damage or loss.
4. All Pets Animal Clinic cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. I hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to; weight loss, rough hair coat, kennel cough, upper respiratory infection and diarrhea.
5. Should the pet(s) identified on this record become ill or injured, I request that All Pets Animal Clinic provide all medical/surgical treatment they deem necessary. I acknowledge that in the event of my pet's illness, the staff at this veterinary facility may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or my pet's agent) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending doctor.

I agree to make complete payment to All Pets Animal Clinic at my pet's checkout appointment. I certify that my pet appears to be free of contagious disease and has not bitten anyone within the last ten days. I understand that if I fail to pick up my pet, my pet will be handled in accordance with Iowa state law, and that doing so does not relieve me of financial obligations.

I have read the above and I am in full agreement:

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

\_\_\_\_\_  
Date