

Boarding Admission Form

Initials _____/_____/_____

Owner (Last Name) _____ Client # _____ Date In: _____ Date Out: _____

Daily Rates, per night

Dogs/Cats (all dogs walked 2-3 times daily)

Day board	\$12.00
0-30#	\$22.00
31-60 #	\$24.00
61-100#	\$26.50
Over 100#	\$28.00
Feline	\$19.00

Exotics – PRICES PER CAGE

Avian	\$14.00
Rabbits	\$14.00
Other Exotic	\$14.00

BATH PRICING

0-30#	\$25.00
31-60#	\$30.00
61-100#	\$35.00
>100#	\$40.00
Feline	\$40.00

Addt. Walks-Dogs 1/Day-\$6.00, 2/day \$12.00

Meds per day rate \$4.50

Pet 1 Name: _____ WT _____ Rate \$ _____ Meds Rate \$ _____ Capstar \$ _____

Regular Kennel Total _____ Flea Checked _____ Initials _____

Extra Walk (1) per day (2) per day No Extra Total _____ Bath w/Boarding No Bath

Diet: Our Food Own Food Amount _____ AM / PM

Additional Services required/requested:

Pet 2 Name: _____ WT _____ Rate \$ _____ Meds Rate \$ _____ Capstar \$ _____

Regular Kennel Total _____ Flea Checked _____ Initials _____

Extra Walk (1) per day (2) per day No Extra Total _____ Bath w/Boarding No Bath Diet: Our

Food Own Food Amount _____ AM / PM

Additional Services required/requested

I, being responsible for the above pet(s), have the authority to grant you my consent for boarding the above mentioned pet(s). I also understand that conditions not known may make it advisable that other treatment or surgery be done and I authorize such other treatment or surgery when and if they are deemed advisable, including the treatment of internal parasites and stress related conditions. **My pet(s) will be treated with Capstar for fleas upon their arrival.** All charges will be paid upon discharge of above pet(s).

_____ I have been informed that vaccines are recommended at least 7-10 days prior to boarding to allow better protection against communicable diseases.

_____ I am aware that it is against West U Vet Clinic's recommendations to board my puppy/kitten without completing his/her booster series and that I will not hold West U liable for any communicable illness and/or disease he/she may pick up.`

In the event of an emergency and I can not be reached at the numbers I have provided below, the maximum dollar amount I authorize West U Vet Clinic to use for treatment is \$ _____.

*Client Signature _____ Date _____

*Phone Numbers where you can be reached _____

Pets will be released during normal business hours only. We are closed for business on Holidays.