



Emeryville Animal Hospital

106 Emery Drive, Emeryville, Ontario

www.emeryvilleanimal.com

(519)727-3304 • emeryvilleanimal@emeryvilleanimal.com

We Treat Your Pet Like Family

Owner: _____

Date: _____

Pet's Name: _____

Breed: _____

Address: _____

Phone #: _____

Canine Boarding Admittance Form

In order to make every pet's stay safe, enjoyable, and worry-free, we have the following requirements:

- All Vaccines up-to-date including Bordetella in the past 6 months Influenza in the past 12 months, and done at least 2 weeks prior to stay
- Intestinal Parasite Test performed within the past 12 months
- Free of External Parasites

Boarding Options	Playtime Options
<input type="checkbox"/> Kennel (2501) \$ 33.90/night x ____ night(s) <input type="checkbox"/> Run (2504) \$ 42.90/night X ____ night(s) <input type="checkbox"/> Additional dog - Run (2503) or Kennel (2513) \$27.90/night x ____ night(s) <input type="checkbox"/> Isolation Stay- additional per night \$13.90/night x ____ night(s) *Includes four 5 minute leash-walks per day*	<input type="checkbox"/> One-on-One personal playtime. (2506) Two 20-minute sessions per day \$ 20.90/day # of Days _____ <input type="checkbox"/> Daycare. Group playtime, for pets under 1 year (2512) Two 1.5-hour sessions per day \$14.00/day # of days _____

We do everything possible to make your dog's stay with us comfortable and enjoyable!

Our Veterinarians do not personally examine your pet every day but are available should an Animal Care Aide notice anything out of the ordinary. It is important for you to make a selection below and include an emergency contact in order for us to make the best decisions possible for your pet's care. If medical care is required, and has been authorized, additional fees will be incurred.

* If your pet is cage aggressive, we may need to keep them on a harness and long line during their stay to ensure the safety of our staff. We cannot be held responsible for any injury that may occur as a result of this.

** We cannot be held responsible for loss or damage of personal items due to destruction by your pet through no fault of the Emeryville Animal Hospital.

In case of an Emergency : Phone _____ **E-Mail** _____

Perform procedures the Doctor feels are necessary Do not perform necessary procedures, call first
 I authorize _____ at # _____ to act on my behalf in case of an emergency

-OFFICE USE ONLY-

Admitting Animal Care Aide _____ Weight upon Admittance: _____
 Admit Date & Time: _____ Discharge Date & Time: _____

Client Signature: _____ Date: _____

MANDATORY REQUIREMENTS FOR ALL BOARDERS -OFFICE USE ONLY-

- Intestinal Parasite Test performed within past 12 months** Completed Required
Rabies vaccine within past 3 year Completed Required
Intra-Nasal Bordetella within past 6 months Completed Required
Canine Influenza within past 12 months Completed Required
RVT Admittance (if any procedures to be completed during pet's stay) yes no
RVT Pre-boarding exam (if no exam performed within the past 30 days) yes no

Extra Services Available

- Free Bath** (after 4 nights)
 Discounted Boarding Bath, if less than 4 nights (2600) **\$32.00**
 Ultimate Bath (includes nail trim, anal gland expression, ear cleaning, bath, and brushing)
 Under 50 lbs (2620) **\$50.90** Over 50 lbs (2621) **\$60.90**
 Nail Trim (160) \$24.00 **Brush Teeth Daily (704) \$10.00** **Clean Ears (141) \$38.70**
 Intestinal Parasite Test (600) \$ 42.90 **Express Anal Glands (195) \$44.80**
 CapStar Administration. This is a fast acting oral flea treatment, to ensure your pet is free from fleas upon departure. Offered **FREE OF CHARGE.** (2518)
 Please give Do not give
 Grooming. Please discuss availability with reception and cost with groomer
Cost Quoted: _____ Date Booked: _____
 Medication(s) to Be Administered. Free of Charge
Medication Name _____ Dose: _____ Frequency: _____
Medication Name: _____ Dose: _____ Frequency: _____
Medication Name: _____ Dose: _____ Frequency: _____
Medication Name: _____ Dose: _____ Frequency: _____
Medication Name: _____ Dose: _____ Frequency: _____
 Diet
Brand: _____ Amount: _____ When: _____ Can treats be give? Yes No
 Allergies/Conditions/Alerts:

 Belongings being left with us:

