

Triangle Veterinary Hospital Boarding Registration

Please fill out one form per pet

Owner's name: _____ Pet's name: _____ Check-In: _____ Check-Out: _____ NOTE FOR SUNDAY PICK-UP: Pick-up is only between 12 noon - 2 p.m. An additional fee applies for Sunday pick-up. Payment is due at time of check-in. Sunday pick-up may be denied for any reason.	OFFICE USE ONLY Weight: _____ Kennel: _____ External parasite check _____ Veterinary services needed: _____
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Emergency Contact: _____ Emergency Phone: _____

Is this pet currently on heartworm preventative? No YES

Is this pet currently on any medications*? No YES, please specify, including dosing instructions:
(NOTE: There is a fee of \$3.00 per day for medications that need to be administered under our care)

When should medications be started? _____

Feeding Instructions*: Once daily in the AM or PM Twice daily Thrice daily Free feed
 Wet food Dry Food Combination wet and dry I am providing my own food*, specify: _____

How much food should we feed your pet? _____

If two animals are boarding in the same kennel/run, do they need to be separated for meals? No Yes

Personal items I am leaving with my pet*: None _____

ADDITIONAL SERVICES

Bath* (\$26.00-43.00) Summerclip* (\$37.00-79.00) Nail trim (\$15.26)

What date should bath be done? _____ Date of summerclip? _____

Playtime (\$5.00/10 minute session; maximum 2 sessions/day)

Daily Twice daily Every other day Specified schedule: _____

If multiple pets in the same family, can they have playtime/go outside together? (Same species only) No Yes

We will not release a pet to anyone except the owner, unless written consent is given below:

I will allow the following person to pick up my pet: _____

Their phone number is: _____

*To avoid additional fees, please provide medications and special or prescription diets as applicable. All medications must be in their original dispensing package. We cannot be responsible for lost personal items. Baths or summerclips, when requested, are given the day of departure; your pet will be ready after 3 p.m. If this is not convenient, please notify us so we may schedule the bath for the previous day.

By signing the Boarding consent form, the client implies that they have read and understand the information included on the form. Please ask if there is a question about the content.

Hospitalization and Boarding Policy

Triangle Veterinary Hospital ("TVH") offers both boarding and grooming services in addition to hospital services. Please inquire about any fees for the additional services provided and we will be glad to provide an itemized estimate.

By signing the Surgical or Boarding consent form, the client implies that they have read and understand the information included on the form. Please ask if there is a question about the content.

All pets left at TVH will be charged a boarding, hospitalization, or ICU fee. This will be left to the managing clinicians' discretion, and is based on the status/acuity of the animal.

An additional fee will be included for all animals requiring medication while boarding or during hospitalization.

All pets boarding or hospitalized must comply with the TVH Vaccination Policy. The managing clinician may choose to make an exception to the policy on a case-by-case basis according to the patient's condition.

TVH is a flea-free facility. All pets are screened at the time of admission for evidence of fleas and other external parasites and immediately treated at the owner's expense.

Please feel free to inquire about any fees and we will be happy to explain them to you.

Vaccination Policy

For the safety and health of your pet and our patients and boarders, we require all pets to be current on vaccinations. In general, Triangle Veterinary Hospital ("TVH") requires annual vaccination (except rabies as proscribed by law), a heartworm test (for canines) and an intestinal parasite exam for our patients and boarders.

All canine patients and boarders must be current on a distemper/parvo vaccine, bordetella vaccine, and rabies vaccine. It is strongly recommended that a heartworm test and either an intestinal parasite exam or deworming also be performed annually.

All feline patients and boarders must be current on a feline distemper (a combination vaccine) and rabies vaccine. Feline leukemia vaccine is recommended based on risk assessment of possible exposure to other felines. It is strongly recommended that an annual intestinal parasite exam or deworming be performed for all cats having access to the outdoors or access to other pets that go outdoors.

In order to help maintain your pet's health, a complete physical exam will be performed prior to vaccination. There is a fee (Office Call) for this exam in addition to the fee for the vaccines. A "Pet Health Report Card" will be provided at dismissal if the owner is not present during the time of the examination. If there are any significant or abnormal findings to report, the veterinarian that examined your pet will be happy to discuss the findings with you.

Payment Policy

We accept cash, personal check, certified check, Visa, MasterCard, Discover, ATM/Debit, and CareCredit as payment. We are unable to extend the privilege of charging services. Payment is due at time of release except for Sunday pick-up. Payment for Sunday pick-up is due at the time of check-in. If someone else is picking up your pet, financial arrangements must be made in advance.

We make every effort to be completely accurate. You may be billed for additional fees for tests or items that have not been entered at time of discharge. Any invoice received at discharge may not reflect your total account balance.

Triangle Veterinary Hospital is unable to file insurance claims for clients.

Consent and Acceptance of Financial Responsibility

I am the owner or agent of the pet listed on page one of this form and have the authority to execute this consent.

I hereby authorize Triangle Veterinary Hospital to house, feed, administer medications as listed on page one of this form, vaccinate, and treat my pet for external parasites as needed. I realize that hospital support personnel will be employed as needed to care for my pet. I further understand that the stress of being away from home may bring on an unforeseen illness. If during this stay my pet becomes sick, I authorize such tests, medical/surgical treatments, and administration of medications as deemed necessary by the veterinarians to treat my pet effectively. I further understand that I am financially liable for all costs incurred from the treatment of my pet.

Date

Signature of Owner/Agent

Triangle Veterinary Hospital Witness