

# BOARDING POLICY

West Madison Veterinary Hospital & Pet Resort

Date: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

To avoid confusion and to insure the proper care of your pet, we have outlined the following policies. Please read them carefully, marking the appropriate spaces where indicated, and sign at the bottom of the form.

I would prefer my dog(s) stay in (circle one): Small Standard Junior Runs Indoor Runs Indoor/Outdoor Runs Luxury Suites

My own dogs can share: Y N

I would prefer my cat(s) to stay in (circle one): Standard Condos Luxury Condos

My own cats can share: Y N

VACCINATIONS: To insure the protection of all pets under our care, the following vaccinations, administered by a licensed veterinarian, must be up to date:

DOGS: Rabies  
DHPP  
Bordetella

CATS: Rabies  
FVRCP

ANY VACCINES NOT UP TO DATE WILL BE GIVEN AND CHARGED TO YOUR ACCOUNT.

CHECK IN/OUT TIME: Boarding is charged per day and starts the day your pet enters the clinic regardless of time dropped-off. Pets picked up after 2:00pm during the week will also be charged for that full day. We offer a weekend pick-up on Saturday and Sunday afternoons between 4pm & 5pm. This service is offered as a courtesy to those who do not wish to wait until Monday to pick up. You will be charged for the day you pick up if picking up on the weekend.

CHECK OUT DATE: When are you picking up your pet? \_\_\_\_\_ Please notify the clinic if you will not be picking your pet up on your original pick-up date. Any pet(s) left 7 days after pick-up date without contact will become property of West Madison Veterinary Hospital. Owner is responsible for all fees/charges.

FEEDING: Did you bring your own food? Y N \_\_\_\_\_ cups AM \_\_\_\_\_ can AM / \_\_\_\_\_ cups PM \_\_\_\_\_ can PM  
Did your pet have a meal this morning? Y N This evening? Y N  
What brand/kind of food did you bring?: \_\_\_\_\_  
Did you bring treats? Y N How often do you give them?: \_\_\_\_\_

PARASITES: Any pet found to be infested with external or internal parasites will be treated at your expense. \_\_\_\_\_

BATHING: We offer bathing during your pet's stay for an additional fee. All of our baths include nail trimming and ear cleaning as well as the bath. They are usually given the day your pet goes home and they will be available for pick up after 12pm during the week. Baths will be given on Friday afternoon for pets that are picked up on Saturday or Sunday. If your pet defecates/urinates in their kennel and steps or rolls in it, we will give them a bath at that time at your expense unless otherwise noted below. Prices are as follows:

\_\_\_\_\_ I want my pet to have a bath before they go home (please ask about pricing)

\_\_\_\_\_ Do not give my pet a bath under any circumstances

PERSONAL ITEMS: Please list below all items you have brought with your pet including, but not limited to, carriers, bedding, food containers, leashes, collars, harnesses, food bowls, toys, treats etc:

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

West Madison Veterinary Hospital will not responsible for any lost or damaged items left in our possession.

MEDICATIONS: If your pet is taking medication or has any special needs such as medical treatments or assisted walks, there will be a special needs fee per day added to your bill (standard boarding only).

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Last Given: \_\_\_\_\_  
Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Last Given: \_\_\_\_\_  
Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Last Given: \_\_\_\_\_

**MEDICAL ILLNESS:** Please be aware that there are some conditions that are unavoidable in boarding environments, including, but not limited to, weight loss or gain, upper respiratory infection, diarrhea, and/or vomiting. One of the advantages of boarding your pet at a veterinary facility is that veterinary care is readily available should the need arise. If your pet becomes ill or requires medical attention, we will call the emergency number regarding symptoms, treatment options and estimate of additional costs. If no one can be reached, however, please indicate your wishes below should your pet require treatment to relieve immediate discomfort, or to resolve an important medical condition:

\_\_\_ Please perform whatever services the doctor deems necessary for the care of my pet until someone can be reached. This includes only non-elective treatments and necessary diagnostics.

\_\_\_ I authorize up to \$\_\_\_\_\_ in treatments and diagnostics.

\_\_\_ Do not administer any medical treatment until specific authorization is given.

**MEDICAL ISSUES:** Please list any current or previous medical issues that you are aware of that your pet may have.

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**CURRENT VET:** If your pet is currently vetted elsewhere, please list the name and the phone number of his/her current vet:

Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

**I HAVE READ AND AGREE TO THE ABOVE CONDITIONS CONCERNING THE BOARDING OF MY PET(S).**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Number(s):** \_\_\_\_\_

**Other Comments:** \_\_\_\_\_

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