



Canine Boarding Admission

Please fill out an admission form for each pet

850 S Henrickson Road
PO Box 310
Dewey, AZ 86327
WWW.KachinaAnimalHospital.com
KachinaAH@gmail.com

Office: 928-772-8225
Fax: 928-759-0235

Client Name _____ Phone Number _____

Mailing Address _____ City _____ State _____ Zip _____

Pets Name _____ Male / Female (circle one) Spayed / Neutered (circle one)

Breed _____ Color _____ Birth Date _____

Admission: Arrival Date _____ Departure Date _____ Anticipated Departure Time _____

Would you like your Pet to have a bath (includes nail trim, anal glands & brush out)? **Yes / No** (circle one)

Bath pricing: >25lbs \$50.25 / 26-50lbs \$55.50 / 51-100lbs \$67.05 / <100lbs \$76.50 / Staying 7 nights the bath is FREE!

When would you like your pet bathed? ____/____/____ *****If you choose the day of pickup please come after 12pm**

Deshedding Treatment with your pet's bath? **Yes / No** (circle one) Additional \$25.15

If no bath, would you like your pet's nails trimmed \$20.85 **Yes / No** OR anal glands expressed \$30.75 **Yes / No** (circle one)

Do you want us to take your pet for daily 15-20 minute walks? **Yes / No** (circle one) **\$7 each walk**

One walk per day _____ Two walks per day (weather permitting) _____ (If yes, choose one)

Would you like your pet to get an Oravet dental chew once daily? **Yes / No** (circle one) \$0.92 - \$1.77 per chew

Personal Belongings left with pet: _____

Flea and Tick Prevention:

An approved flea/tick preventative is required to board with us. Our staff will apply Frontline Shield at check-in OR you must provide proof of purchase of an approved flea/tick preventative through a veterinarian and apply once a month. The date of the receipt must be no longer than the time it takes to use the product. If you cannot provide proof of purchase through a veterinarian, you can bring an approved flea/tick product for us to apply it at no cost.

Does your pet need a Frontline Shield application (\$20) while boarding? **Yes / No** (circle one)

If no, when was the last time an approved flea/tick preventative was applied? ____/____/____ (proof required)

Feeding instructions:

Has pet been fed today? **Yes / No** (circle one) What time was your pet last fed? _____

What food is your pet on? _____

How much is your pet fed? _____Cups per feeding _____Cans per feeding Once daily / Twice daily (circle one)

Additional feeding instructions: _____

Medication

Is your pet on any medications? **Yes / No** (circle one) When were the medications given last? _____

Medication name _____ How much? _____ How often? _____

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There is a daily fee of \$5 for medication administration. There is no fee for giving supplements only. All medications and/or supplements must be presented in original bottles. If your pet is on insulin a diabetic boarding fee of \$95.50 per night will apply which includes supervised hospital boarding and insulin & medication administration.

Medical services needed while your pet is boarding:

Are there any health concerns that you would like addressed by a veterinarian? **Yes / No** (circle one) Exam fee \$81.95

Explain: _____

Would you like Doctor-Supervised boarding? **Yes / No** Recommended for older pets. (\$60.50 per night/\$95 Sunday)

Vaccines required for boarding are DHPP, Bordetella, Rabies. You must provide proof through a licensed veterinarian or vaccines will be given at time of check in. A current annual wellness exam is required to give vaccines. Exam is required if pet hasn't had an exam in the past year or if pet has never been examined at our hospital. Please request an estimate prior to boarding.

Vaccines to be given at check in: DHPP ___ Bordetella ___ Rabies ___ Rattlesnake vaccine ___ Leptospirosis ___

Does your pet need any of the following while boarding:

Dental estimate (Free!) _____ Heartworm Test _____ Heartworm Prevention _____ Fecal _____ Bloodwork _____

If boarding more than one dog, can they share a kennel? **Yes / No** (circle one)

Additional sharing instructions: _____

I have provided the following contact information for the veterinarian or hospital staff to reach me:

Emergency Contact Name _____ Phone Number _____

If I am unavailable, the following individual(s) may speak on my behalf, including making medical and financial decisions:

Alternate Emergency Contact Name _____ Phone Number _____

To prevent the spread of infectious diseases, all hospitalized and boarding patients must be current on all vaccinations and free of internal and external parasites. I understand that my pet may only be admitted or picked up from boarding during regular office hours, unless arrangements have been made for after-hours pick-up. I understand that for any pet being boarded for a period of greater than 2 weeks, a deposit will be required at the time of admission. I understand that any problem that develops with my pet while I am absent will be treated as deemed best by the staff veterinarian. It is understood that the veterinarian will attempt to contact me regarding any suspected problems and recommended treatments, but if the veterinarian is unable to reach me, the pet will be treated in the manner that the veterinarian deems appropriate and I will accept full responsibility for the expenses involved. I understand that I may not hold Kachina Animal Hospital liable for any items that I choose to leave with my pet, including bedding, toys, kennels/pet carriers, food, treats, collars, or leashes. I understand there is no 24 hour attendant on duty. **I understand that payment is due at time of discharge of my pet from the boarding facility.**

Signature of Responsible Agent for Pet(s) _____ Date _____