



Atascazoo Animal Hospital
5910 FM 1960 E
Humble TX, 77346

Boarding Contract

Date: _____

| | |
|----------------------------------|-----------------|
| Client First and Last Name _____ | Pets Name _____ |
| Address _____ | Phone# _____ |

Check-in Date: ____/____/____ At: Check-out Date: ____/____/____ At:

As the owner or authorized guardian of this animal, I give permission to the clinic to receive, treat, prescribe or otherwise care for the animal above as deemed necessary. Should injury or circumstance warrant the need for emergency service, I understand that the clinic will try to contact the necessary people before treatment, but will exercise the option to proceed if no one is available for clearance.

ALL PETS MUST BE CURRENT ON VACCINATIONS (CANINES: Rabies, Leptospirosis, Bordetella, Distemper/Hepatitis/Parvo/Parainfluenza (DHPP), and Influenza. FELINES: Rabies and FRCP) AND HAVE A CURRENT NEGATIVE INTESTINAL PARASITE EXAM. Pets that are found to have internal or external parasites will be treated at the owner's expense.

Is your pet on any medications?
If so, please list here:

| MEDICATIONS: | INSTRUCTIONS: | LAST DOSE GIVEN: |
|--------------|---------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

There is an additional \$5.22 per day charge for administering oral and topical medications, \$9.27 per day to administer injections, and \$5.80 (per feeding) for syringe feeding.

Feeding Instructions: Own Food / CA EN / FE Main. (WE WILL NOT SERVE RAW FOOD DIETS)

How often do you feed: _____

How much do you feed: _____

When did your pet last eat: _____

Would you like for your pet to have a bath while here: (YES / NO) Please ask receptionist for cost.

Would you like a Scented Body Spray with the bath: (YES / NO) Scent: _____

Would you like for you pet to receive flea prevention while here: (YES / NO) Please ask receptionist for cost. Type of prevention: _____

WE WILL NOT BE RESPONSIBLE FOR ITEMS LOST OR TORN UP BY YOUR PET.
PLEASE NOTE: Our staff does not remain on the premises after closing.

Your Phone Number: (_____) _____ - _____

Emergency Contact Name : _____

Emergency Contact Phone Number : _____

Who is authorized to pick up your pet _____

SIGNATURE: _____ DATE: ____/____/____

ATASCAZOO TECH CHECKLIST:

____ Feeding Instructions: _____

____ Items Left: _____

____ Medications:

____ Make treatment sheet

____ Bath: (YES / NO) Scheduled: ____/____/____

____ Bites Sign Needed: (YES / NO)

____ Vaccines Needed: (YES / NO)

____ Write patient on treatment boards if needed

Other Services: _____

____ Verify patient's neckband with patient and chart

____ Make copy of Boarding Contract & put in chart

____ Place Boarding Contract with color picture on cage with clipboard

Tech responsible for checklist _____