



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 \$6.09 per day charge for administering oral and topical medications, \$10.82 per day to administer injections, and \$7.19 (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: \_\_\_\_\_

If your pet is not eating his/her own food (or the dry food provided), do we have permission to offer canned food at a charge of \$3 per can: (Yes / No)

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 \_\_\_\_ Make red neck band

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