



Atascazoo Animal Hospital
 5910 FM 1960 E
 Humble TX, 77346

Boarding Contract pg 1 of 2

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 \$6.46 per day charge for administering oral and topical medications, \$11.47 per day to administer injections, and \$7.63 (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: _____

PLEASE NOTE: We will not be responsible for items lost or torn up by your pet. Leaving chew toys or bones for pets is not recommended due to the possibility of injury such as choking or breaking a tooth. If you choose to leave an item for your pet you release Atascazoo from being liable for injury from those items. Our staff does not remain on the premises after closing and this facility is not equipped with a fire protection sprinkler system.

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 _____