

ACH – Boarding Information Sheet

Are you a new client? Drop Off Date: _____ Client Name: _____
 (circle one) Yes No
 Pick Up Date: _____ Home phone: _____
 Pick Up Time: _____ Cell phone: _____

Check-in: any time during office hours. (Proof of current vaccinations must be presented at **time of check-in or before.**)

Pick-up: any time during office hours. (7:30-noon and 2:00pm-5:30pm)

In order for pets to board with ACH, they must be current on the following vaccines and services:

- Dogs: Bordatella (Kennel Cough), Rabies, and DHLPPC
- Cats: FVRCP, Rabies, and Felv.
- All pets will be free of internal or external parasites such as fleas, ticks, and/or intestinal worms as determined by ACH.

If the pet is not current on any of these vaccines or services, or ACH cannot verify current vaccinations, ACH will vaccinate the pet at the clients expense.

How may we reach you in case of an emergency during your pet's stay? _____

If you will not be available, please leave the name and phone # of someone who will be responsible for making decisions regarding your pet:

Name: _____ Relationship _____ **Emergency Phone #** _____

Thank you for entrusting us with your pet while you are away. We will do our best to make your pet as comfortable as possible. Please let us know if you have brought any special food, treats, toys, blankets, etc. to use while your pet is staying with us. **Please also tell us if your pet needs any medications or particular treatments while boarding.**

Pet Information	Pet #1	Pet #2
Pet's name:		
Species: Circle one	Dog Cat Other _____	Dog Cat Other _____
Name & phone # of Veterinarian where pet was vaccinated (if not here)	Vet: Phone:	Vet: Phone:
Vet services required during stay	No / Yes Vaccinations, exam, other:	No / Yes Vaccinations, exam, other:
Other treatments your pet requires		
Did you bring your own food?	No / Yes, directions:	No / Yes, directions:
What toys/supplies did you bring?		

<p>Did you bring medication for your animal? NOTE: There is a \$2.00 per time administration fee for medication. If meds are given once daily \$2.00, if given twice daily \$4.00, etc.</p>	<p>No / Yes, directions:</p>	<p>No / Yes, directions:</p>
<p>What else can we do to make your pet's stay more comfortable?</p>		

I authorize ACH to do whatever they deem necessary for the health and well-being of my pet while they are boarding, ACH including treatment of any internal or external parasites such as fleas, ticks and/or intestinal worms. In the unlikely event of an emergency, ACH will make every effort to reach me or my designated contact. If unable to obtain authorization, ACH has my consent to proceed with treatment. I agree to pay for all expenses relating to such treatment.

Signature of owner or owner's agent

Date