



ANIMAL CARE CENTER BOARDING CHECK IN FORM

PET'S Name: _____ Species / Breed _____ / _____

As the owner or authorized guardian of this animal, I give permission to the clinic to treat, prescribe or otherwise care for this animal as staff deems necessary. If an emergency situation arises, and the emergency contact person cannot be reached or time does not allow for the doctor to call first, I authorize any necessary treatment and I understand I will be responsible for any incurred charges.

Any visits to dog parks, dog training, day care, boarding, grooming or any upper respiratory issues in the past 2 weeks? _____ If YES, explain _____

Drop off date: _____ Pick up date: _____ Pick up time for going home _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Medications (Additional charge of \$2/day applies):

1. _____
2. _____
3. _____
4. _____

Feeding: How many times a day does your pet eat? _____

We feed a prescription diet, Purina EN, to all our boarders that is safe to use in lieu of your pet's regular diet. If you prefer to bring your own diet, please note the following: there's an additional charge of \$2/day and all meals must be pre-bagged per meal to ensure proper feeding amounts.

Own diet? _____

Boarding services (circle what is wanted): Bath Nail Trim Nail Dremmel Bath package (kennel staff service)
Playsessions (see attached) Peanut Butter Kong (\$5/day)

Professional Grooming services are offered with an appointment. If interested, please call ahead or go online to request an appointment before dropping off for boarding to ensure you have one during your pet's stay. Please mention if you have an appointment when you check in.

Vaccines required for dogs: Rabies (1 yr or 3 yr); Bordatella (in last 6 months); Influenza (annual 2 strains); Distemper/Lepto combo (annual); Intestinal Parasite Screen (negative in last year)

Vaccines required for cats: Rabies (1 yr or 3 yr); Distemper (annual); Feline Leukemia (negative test +/- vaccine)
Intestinal Parasite Screen (negative in last year)

Animal Care Center staff will use all reasonable precautions against injury, escape, or death of your pet. The clinic and staff will not be held liable for any issues that develop as long as reasonable care is provided and precautions are followed.

I understand that ANY problem that develops with my pet while I am absent will be treated as deemed best by the staff veterinarians, and I ASSUME FULL RESPONSIBILITY for the treatment expenses involved.

I understand payment is due at time of services unless other arrangements have been made and accepted in advance.

I understand that if my pet is staying at this facility for any reason and I do NOT pick up my pet within 5 days of the scheduled pick up date without notifying the clinic and making special arrangements with the clinic, the clinic may assume that I have abandoned my pet and the clinic then has authority to take care of my pet as they deem necessary.

OWNER: _____ DATE: _____

BOARDER TRAINING/SOCIALIZATION CONTRACT CLINIC COPY

Dog's Name _____

Disclaimer: I agree not to hold Animal Care Center or Sit 'N' Stay Dog Training Studio Inc. liable in the event your pet becomes ill during or after its stay.

(Initials) _____.

If treats are allowed, please circle **YES** or **NO (Initials)** _____.

NUMBER OF PLAY/TRAINING SESSIONS _____ FEE (\$45 per session) Initials _____

NUMBER OF PRIVATE FULL SESSIONS _____ FEE (\$50 per session) Initials _____

NUMBER OF FULL SESSIONS W/ PLAYMATE(S) _____ FEE (\$40 per session) Initials _____

NUMBER OF PRIVATE MINI SESSIONS _____ FEE (\$15 per session) Initials _____

NUMBER OF MINI SESSIONS W/ PLAYMATE(S) _____ FEE (\$10 per session) Initials _____

HOLIDAY RATES LISTED BELOW:

NUMBER OF PRIVATE FULL SESSIONS _____ FEE (\$60 per session) Initials _____

NUMBER OF FULL SESSIONS W/ PLAYMATE(S) _____ FEE (\$50 per session) Initials _____

NUMBER OF PRIVATE MINI SESSIONS _____ FEE (\$20 per session) Initials _____

NUMBER OF MINI SESSIONS W/ PLAYMATE(S) _____ FEE (\$15 per session) Initials _____

10% DISCOUNT ON 2nd or MORE ANIMALS FOR MULTIPLE ANIMAL FAMILIES

STAFF USE ONLY:

BOARD DATES: FROM _____ TILL _____

CLIENT ID# _____ EMPLOYEE'S INITIALS _____

PLEASE MARK DOWN WHERE DOG IS LOCATED

SUITE _____ OR WARD _____

BOARDING AT ANIMAL CARE CENTER

PLAINFIELD

***Medical boarders include but are not limited to diabetics, seizure patients, geriatrics, post-operative patients, etc...

***Specific Vaccines and tests are required.

***Since we supply everything your pet needs (unless on medications or a medical diet) we do NOT accept toys, blankets or other personal belongings.

DOGS: regular rate = \$25.00/night; double run = \$50.00/night

holiday rate = \$30.00/night; double run = \$60.00/night

medical regular rate = \$48.00/night

medical-holiday rate = \$53.00/night

**(Holiday rates will be charged at a maximum of seven consecutive nights)*

CATS: regular rate = \$19.50/night

holiday rate = \$24.50/night

medical regular rate = \$48.00/night

medical-holiday rate = \$53.00/night

**(Holiday rates will be charged at a maximum of seven consecutive nights)*

EXOTICS: \$22.50/night

- bring own cage, food, litter, instructions, lights, other necessities

SERVICES:

Bath (\$18.35) Bath Package (\$38.25) Nail Trim (\$11.15) Nail Dremmel (\$11.15)

Kong (\$5/day)

Thank you for continuing to allow us to pamper and care for your pet while you are away. We are here 24/7 for your emergency needs.