



1001 N. 7<sup>th</sup> Street, Leavenworth, KS 66048

Phone: (913) 682-7424

Email: info@dogcatclinic.com

### Boarding Rates

PET	WEIGHT	COST PER NIGHT
Small Dog	0-39 lbs	\$28.00
Medium Dog	40-69 lbs	\$30.00
Large Dog	70 & Up lbs	\$32.00
Cats	0-39 lbs	\$28.00

*If your pet requires Daily Medication, please add \$3.00/night.*

### Boarding Requirements

*All required vaccines must be updated and current a minimum of 72 hours prior to boarding.*

#### Boarding Requirements for Dogs:

- Clinical Exam within the Calendar Year at Dog & Cat Clinic
- Rabies Vaccine
- Distemper/Parvo Vaccine
- Negative Fecal Test within the Calendar Year
- Proof of Flea/Tick Prevention
- Bordetella (**Not Required but Recommended**)

#### Boarding Requirements for Cats:

- Clinical Exam within the Calendar Year at Dog & Cat Clinic
- Rabies Vaccine
- Feline Distemper Vaccine
- Negative Fecal Test within the Calendar Year
- Proof of Flea/Tick Prevention

### Boarding Authorization

**Client Agreement:** I acknowledge and verify that my pet meets all requirements for boarding as listed above. However, in the rare occurrence my pet has been checked into boarding without meeting all requirements, I understand the Dog and Cat Clinic PA reserves the right to provide the necessary treatments for my pet to meet those requirements. These treatments may include performing outdated annual exam, updating expired vaccines, administering a flea & tick preventative, or testing a fecal sample.

\_\_\_\_\_ I authorize the use of anti-anxiety or calming medication for my pet during their boarding stay if deemed necessary by the veterinarian. *(Please Initial if you Approve)*

\_\_\_\_\_ I authorize medical treatment and or life saving measures for my pet in case of illness or injury during their boarding stay. *(Please Initial if you Approve)*

I understand I am financially responsible for all charges associated with treatments provided during my pet's stay.

Additionally, in the event my pet causes injury or damage to an employee, another pet, or the facility, I the owner, am solely responsible for any medical expenses and/or property damage.

By signing below, you confirm the above information is correct and agree to the terms of boarding.

**Signature of Client/Pet Owner** \_\_\_\_\_

**Date** \_\_\_\_\_



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## Boarder Drop-Off Form

Owner's Name (first, last):
Boarding Dates:
Emergency Contact Name & Number:

<b>Pet's Name:</b>	
<b>Medications</b> to be given while here, include times when given at home:	
<p><b>Food</b></p> <p><input type="checkbox"/> Home (we cannot accept raw food diets)</p> <p><input type="checkbox"/> Hospital Supply (Science Diet Sensitive Skin &amp; Stomach)</p> <p>Feeding Amount/Instructions:</p>	
<b>Flea &amp; Tick</b> Brand and date last used:	
(We cannot accept homeopathic treatments; pets must be on a product labeled to kill fleas/ticks)	
<b>Other Notes:</b>	

<b>INTERNAL USE ONLY</b>	
<i>Confirm verbally at drop off &amp; Initial</i>	
<b>Boarding dates</b> (Confirm on boarding calendar)	
<b>Emergency Contact name and number</b>	
<b>Medications and schedule</b>	
<b>Feeding instructions</b>	
<b>Flea/Tick Prevention</b>	

(Additional pets on next page)

# Additional Pets

<b>Pet's Name:</b>	
<b>Medications</b> to be given while here, include times when given at home:	
<b>Food</b> <input type="checkbox"/> Home (we cannot accept raw food diets) <input type="checkbox"/> Hospital Supply (Science Diet Sensitive Skin & Stomach) Feeding Amount/Instructions:	
<b>Flea &amp; Tick</b> Brand and date last used:  (We cannot accept homeopathic treatments; pets must be on a product labeled to kill fleas/ticks)	
<b>Other Notes:</b>	

<b>Pet's Name:</b>	
<b>Medications</b> to be given while here, include times when given at home:	
<b>Food</b> <input type="checkbox"/> Home (we cannot accept raw food diets) <input type="checkbox"/> Hospital Supply (Science Diet Sensitive Skin & Stomach) Feeding Amount/Instructions:	
<b>Flea &amp; Tick</b> Brand and date last used:  (We cannot accept homeopathic treatments; pets must be on a product labeled to kill fleas/ticks)	
<b>Other Notes:</b>	

<b>Pet's Name:</b>	
<b>Medications</b> to be given while here, include times when given at home:	
<b>Food</b> <input type="checkbox"/> Home (we cannot accept raw food diets) <input type="checkbox"/> Hospital Supply (Science Diet Sensitive Skin & Stomach) Feeding Amount/Instructions:	
<b>Flea &amp; Tick</b> Brand and date last used:  (We cannot accept homeopathic treatments; pets must be on a product labeled to kill fleas/ticks)	
<b>Other Notes:</b>	

<b>Pet's Name:</b>	
<b>Medications</b> to be given while here, include times when given at home:	
<b>Food</b> <input type="checkbox"/> Home (we cannot accept raw food diets) <input type="checkbox"/> Hospital Supply (Science Diet Sensitive Skin & Stomach) Feeding Amount/Instructions:	
<b>Flea &amp; Tick</b> Brand and date last used:  (We cannot accept homeopathic treatments; pets must be on a product labeled to kill fleas/ticks)	
<b>Other Notes:</b>	