

Canine Boarding Check-In & Consent Form



Columbia Animal Hospital
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Columbia, MO, 65202
573-875-3647
frontdesk@columbiamoanimalhospital.com

Client information:	Boarding Schedule:	Contact Information During Stay:
First & Last Name:	Drop off date & time:	What is the best way to reach you while pet is boarding if needed (circle one)? Text Call Email Emergency contact only
Address:		
Phone:		
Email:		
Pet information:	Pick up date & time:	Emergency contact info during stay (Required) Name: _____ Phone: _____
Name:		
Species:		
Breed:		
Sex (intact or fixed):		
Age/DOB:		

General Medical and Boarding Details:

Current Diet:	Prevention:	Please list belongings brought for your pet's stay below:
Current diet name: _____	Flea & tick prevention name & date of last dose given: _____	
Amount per feeding & frequency: _____	Heartworm prevention name & date of last dose given: _____	
Will we be feeding <i>your own food</i> brought in, or our <i>in-house diet</i> (Hill's Science Diet Adult) (circle one)?	Flea & tick prevention is required for boarding	
Will we be feeding treats/supplements?		

Comfort:	Additional Pet Information:
If diarrhea occurs while boarding (as sometimes happens with stress), do you want for us to provide a probiotic or a bland diet for a few days (circle one)? YES NO ASK FIRST <i>Note: These would be added to the bill if they are needed and possibly an exam fee.</i> <i>If diarrhea is persisting more than a day or two, we will be reaching out regardless to discuss recommendations.</i> If your pet becomes anxious during boarding (in general or due inclement weather), is it okay to start anti-anxiety medication at the doctor's discretion (circle one)? YES NO ASK FIRST <i>Note: These would be added to the bill if they are needed and possibly an exam fee. If your pet is too uncomfortable during the stay, recommendations will be discussed and that may include not being able to board them with us in the future.</i>	Allergies/sensitivities: Other medical conditions: Anxiety/phobias/dislikes: Commands/interests/quirks: Any other behaviors we should watch out for?

Medication (name and form): Name of medication AND size of tablet/capsule, concentration of liquid, etc.	Dose / Amount: 1 tablet, 2 units, 3 mL, etc.	How it is given: By mouth, under the skin, on food, etc.	Frequency and timing: Once daily, twice daily, only as needed, etc. *If timing is strict, please note this	Last given: Date and time	Given for: Condition or reason (we can help with this if needed)
<i>Example: Carprofen, 75 mg tablets</i>	<i>Example: 1 tablet</i>	<i>Ex: By mouth, best in pill pocket</i>	<i>Example: twice daily</i>	<i>Example: this morning</i>	<i>Example: pain medication</i>
1.					
2.					
3.					
4.					
5.					

Boarding Consent & Acknowledgements:

Acknowledgement of Canine Boarding Requirements:

Currently, we require the following to be up to date and recorded:

- Rabies vaccine, Bordetella vaccine, DAPP vaccine (Distemper, Adenovirus, Parainfluenza, Parvovirus), Leptospirosis vaccine (may be included in the combo vaccine)
- Fecal test (must be negative, and within the last year)
- Flea and tick medication (must know the name of the medication and date given)

Please note: If live fleas or ticks are found present at any time, we will advise you to discuss further flea and tick options. They would also be moved into quarantine.

- No signs of clinical illness (particularly contagious illness) such as eye or nose discharge, coughing, sneezing, significant lethargy, or total appetite loss have been present in the 14 days prior to drop off.

Over time, our boarding requirements may be subject to change to be up to date with the latest recommendations. We will give ample warning before changes.

PLEASE INITIAL HERE: _____

Injuries and Medical Consent:

Columbia Animal Hospital will exercise responsible care for the safety of your pet and will keep the boarding premises safe and properly enclosed. While we cannot guarantee against accidents, we do our best to ensure safety and security.

If an accident were to occur, we will reach out to you immediately. We will proceed with appropriate first aid care if we are unable to get ahold of you in order to make sure health and safety are maintained. If we believe that your pet is in need of veterinary care and we are unable to reach you, we will make reasonable care decisions during that time based on medical standard of care. **If this occurs, you will be responsible for reasonable charges based on what has occurred (often including an exam, diagnostics if indicated, and treatment if indicated).**

If your pet passes suddenly during our care, we will reach out immediately to discuss options for aftercare and to discuss the situation. In cases of sudden passing, we can also always discuss a necropsy (post-mortem exam) to help determine cause.

If your pet causes harm to any staff members, other pets, or the facility, you will be alerted right away and steps will be taken to ensure safety (which may include not being able to board with us in the future).

PLEASE INITIAL HERE: _____

Payment Agreement:

Payment is typically done at time of drop off for boarding stays. If additional costs are incurred (such as Capstar in the case of live fleas, anti-anxiety or anti-diarrheal medications if needed, or something else as discussed), these are due at time of pickup (or if closed, a receptionist will reach out for payment via preferred method of contact).

Per 24hr canine boarding fee: \$37.00 (a less than 24-hour stay is also \$37 but any additional partial days over 24 hours will be \$18.50)

Medications: \$3.50 per med, per day

In-house food fee: \$3.00 per day

Drop off outside boarding window fee: \$15

Pick up outside boarding window fee: \$7.50

If additional days are added, payment is due at time of pickup.

If days are subtracted, we can refund or keep a credit on your account, which can be discussed at pickup.

If any additional charges are not paid at pickup, charges must be collected prior to next visit. If charges are not paid within 3 months, the bill will be turned over to a collection agency. All collection expenses, including attorney fees, will be paid by the owner.

PLEASE INITIAL HERE: _____

Check-In and Check-Out Times:

We have specific drop off and pick up windows (hours may vary). This is scheduled in advance to allow our staff ample time to prepare and ensure we can go over all boarding policies, medications, and concerns as needed.

The latest pickup time in the evening is before 5pm, and pickup after this point may be charged as an extra day.

If your pet is not picked up as discussed, a 10-day stray hold will be implemented, after which time they will be considered abandoned and will be relinquished to the care of the clinic. If you pick them up during this time, fees as discussed above will be incurred for the additional days.

PLEASE INITIAL HERE: _____

Personal Items:

Columbia Animal Hospital will do its best to ensure any items left with your pet stay intact, clean, and are returned to you at the end of boarding.

However, if something happens we cannot guarantee that items left will be returned.

For a few examples: If your pet defecates on a blanket and we wash it, but it gets misplaced through the wash process, it may take us some time to find or it may be missing. If your pet shreds its toy and it is a choking hazard, it will be discarded.

By leaving the personal items, you are acknowledging that we will do our best, however cannot guarantee the safe return of said items and are not responsible for lost or damaged items.

PLEASE INITIAL HERE: _____

Monitoring:

Staff are present in the clinic at variable times during the week, and monitoring is not constant. If your pet requires constant monitoring, discussing transfer to a facility that does hospitalization or overnight monitored boarding may be of interest.

Pets are walked at least twice daily (morning and evening), and video recording is present on the premises. For staff safety, we do not walk pets after 9pm or before 6am.

PLEASE INITIAL HERE: _____

I certify that I am the owner of this pet, and have done my best to fill out the information above truthfully and completely.

I certify that I am at least 18 years of age.

I certify that I have read and agreed to everything listed above.

Signature: _____

Date: _____

Printed Name: _____