



Animal Medical Center of Cumming, Inc.



Boarding Admission Form

Client's Name: <contact> <client>

Pet's Name: <animal>

Client No: <number>

<age>, <color>, <breed>

Check-In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check-Out Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  AM  PM

Emergency Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

My pet's next feeding time is  AM  PM. If you brought your pet's food what brand is it? \_\_\_\_\_

Feed: \_\_\_\_\_ times per day Quantity: \_\_\_\_\_

Please list your pet's belongings:

Does your pet have thunderstorm/firework anxiety?  Yes  No

If yes, do you want us to dispense medication?  Yes  No

May we add wet food to your pet's normal diet in the event that they will not eat for us?  Yes  No

If your pet runs out of food, is it okay for us to feed our food?  Yes  No

Does your pet need any medication(s) while boarding?  Yes  No

If yes, please **DO NOT** pre-package medications. Leave medications in the original containers dispensed.

Medication Name	Give specific instructions for each medication	Next time needed

Multiple pets boarding?  Yes  No If yes, do you wish for them to board together?  Yes  No

Separate to feed?  Yes  No

**Additional services requested while boarding:**

Bath  Haircut  Premium Bath Upgrade  Dremel Nails  Microchip  Wellness Exam

(Please note: Additional services are at an additional charge.)

**Boarding Policies**

- **ALL ANIMALS MUST BE CURRENT ON ALL CORE VACCINATIONS.** Proof of vaccinations must be shown within one hour of check-in or they will be given at owner's expense.
- All animals must be free of internal and external parasites (fleas, ticks, ear mites & intestinal worms) or they will be treated at the owner's expense.
- One of the advantages of boarding your pet(s) at a veterinary clinic or hospital is that veterinary attention is available should the need arise. If your pet becomes ill or injured, we will call the emergency number(s) listed above regarding your pet(s) symptoms, treatment options, and estimate of additional cost. If no one can be reached, I give Animal Medical Center of Cumming, Inc. permission to treat, prescribe for, operate upon, and/or transport the pet to an appropriate facility as necessary and adjust the bill accordingly.
- Medications given while boarding are administered by trained technicians and documented in the patient's chart. There is an additional fee of \$6.00 per day. Medication fee is waived if your pet participates in playtime.
- We are not responsible for personal items brought by owner.
- \_\_\_\_\_ is authorized to pick up your pet from boarding and I have made the appropriate payment arrangements.

### Lodging Options

- Regular:** Dogs are walked and cat cages are cleaned twice daily, fed according to owner's specifications, and must be current on all vaccinations. Pets will lodge in size appropriate cages. Baths, toenail trims, and medications may be administered for an additional fee.
  
- Playtime Package:** In addition to regular lodging services, dogs will receive group play/socialization time twice a day and a bed-time snack for an additional \$12.50 a dog per night. Cats will receive individual time with staff members as well as play time on the cat tree. For every day of play, medications will be given at no additional cost.
  - Additional details**

The purpose of *Group Play* offered in our *TLC (Playtime) Package* is to provide a safe, fun and stimulating social environment for our lodging dogs. Dogs will be able to exercise during action packed sessions where they will learn social skills and have personal interaction with trained team members as well as other dogs. This type of play will also provide an often much-needed outlet for high-energy dogs. If your dog doesn't socialize well with other dogs, one-on-one time will be offered instead with all of the aforementioned benefits. Activities will vary, but rest assured that your dog will be under constant supervision by our trained staff. We understand that not all dogs play the same, so dogs will be let out in groups are appropriately sized. Size, breed, age and demeanor will all be determining factors when placing them within the appropriate group.

### Animal Medical Center of Cumming Group Play Release Form

Is your dog a fence climber, digger or escape artist? Yes  No

My dog is currently heartworm negative and on flea prevention.

I certify that I have fully disclosed any situations where my dog may have shown any type of aggressive behavior.

I understand that participation in group play and allowing the freedom of dogs to interact is not without risk. Dogs are not always predictable, and the unexpected may occur. If my dog does show aggressive tendencies and/or does not socialize well with other dogs, I understand that no more group play will be allowed. I hereby waive and release Animal Medical Center of Cumming (AMC) and its staff from any and all claims while on the premises. I release AMC of any liability and assume all risks of any kind whatsoever arising from my dog's attendance and participation in group play. If my dog causes injury to another dog or to a person while at AMC, I agree to indemnify and hold blameless AMC from any claims which may be made against it.

I further understand and agree that any problems which may develop with my dog will be treated as deemed best by the veterinarians and staff at AMC and that I assume full financial responsibility for any expenses involved.

- I have read and agree to all the terms listed above.**

### Animal Medical Center of Cumming Release Form

I hereby authorize AMC, its employees, representatives or agents to receive, care for, vaccinate, prescribe for, medicate, test, and/or bathe my animals as they deem necessary for the health, safety or well-being of my pet.

I understand that all reasonable precautions against injury, escape or death of my pet will be used. In the absence of gross negligence, I thoroughly understand that I assume certain risks and will not hold AMC, its employees, representatives or agents liable or responsible in any manner or circumstances for these risks.

Lastly, I understand that all responsibility for payment for services provided in this office for my pet is mine, due and payable at the time services are rendered.

- I have read and agree to all the terms listed above.**

Signature of Owner/Representative: \_\_\_\_\_ Date: \_\_\_\_\_

# Canine Influenza Pre-Cautiousary Questionnaire

Pet Name: <Animal> <Client>

Date: <Date>

Has your pet been around any sick pets? Y  N

If so, please explain symptoms: \_\_\_\_\_

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Has your pet (or any household pets) shown any of the following symptoms?

- Coughing Y  N
- Sneezing Y  N
- Loss of appetite Y  N
- Nasal discharge Y  N

Has your pet been to any of the following places?

- Dog Park Y  N
- Doggie Daycare Y  N
- Pet Store Y  N
- Another boarding facility Y  N

Client Signature: \_\_\_\_\_