



Client's Name: _____

Client's Phone No: _____

Pet's Name: _____

Check-In Date + Time: _____

Check-Out Date + Time: _____

Boarding Consent Form

Dogs: Please **initial** to indicate the accommodations you would like for your pet during his/her stay.

_____ **Freedom Run:** \$31 per day, \$27 per additional guest. Limit 2 dogs with a total weight of no more than 100lbs. No dogs under 10 lbs.

_____ **Suite:** \$28 per day, \$24 per additional guest. Limit 4 dogs under 25lbs, or 2 with a total weight of 100lbs.

_____ **Cozy Run:** \$24 per day, \$22 per additional guest. Limit 2 dogs with total weight of no more than 40 lbs.

Cats: Please **initial** to indicate the accommodations you would like for your pet during his/her stay.

_____ **Kitty Condo:** \$19 per day, one adult cat allowed per condo.

_____ **Suite:** \$28 per day, \$24 per additional guest. Two adult cats per Suite.

_____ I understand QCAH **charges by the day**. Pets checked in **after 11 AM** will be charged for only ½ of the first day. We will charge an additional ½ day of boarding for pets checked out **between 11 AM - 2 PM**, and an additional 1 day of boarding for pets checked out **after 2pm**.

Feeding Instructions (No raw food permitted. Circle one): KENNEL FOOD (Purina EN) or OWN FOOD (please list):

Please list **all** of your pet's **belongings**:

Please list any **medications** your pet must take (\$2.50 administration per dose. CBD products are not permitted and will not be administered.):

Please list any pre-existing **medical conditions** or **allergies**:

Please list your pet's **flea/tick medication** and the **date** of his/her most recent dose:

_____ If my pet is found to have fleas/ticks, he/she **will be treated** at a cost of **\$25 - \$35**.

Please list date of last **vaccinations** and the **veterinary clinic** that performed them:

I understand that if I do not provide **accurate** proof that my pet has been vaccinated (RV, DAPPv and Bordetella for dogs, RV and FeLV+HCPCh for cats) then my pet **will be vaccinated** before entering the boarding facility at a cost of **\$106**. QCAH will not be held responsible if I provide incorrect or outdated information.

Please list your pet's **heartworm prevention** and the date of his/her last dose:

If my pet is not on heartworm prevention that also controls intestinal worms, he/she **will be tested** for worms before entering the facility at a cost of **\$18**. A heartworm test can be performed for **\$28** if requested.

Does your pet need any additional **medical** or **grooming** services during their stay? There will be additional charges for additional services provided. All pets staying **5 or more whole days** will be given a complimentary **bath** and nail trim if requested. _____

My pet is **spayed** or **neutered**.

My pet is **NOT** spayed or neutered. I **will be charged** an additional \$10 per day if my pet is in heat or begins a heat cycle while in the care of QCAH.

I would like for my pet to receive **Zylkene**, a stress-reducing supplement, at an additional **\$2.50 per day**.

I understand that **if I do not pick up my pet** on the day I have scheduled, I **MUST** contact QCAH and inform them of a change in plans. If I do not, and QCAH is not able to contact me within 24 hours of the original check-out date, I may be reported to Animal Control for abandonment and prosecuted.

If I wish to schedule an **after-hours check-out** for my pet (**Saturday evening, Sundays, or holidays**), I will be charged an additional \$20 (or \$25 on a holiday). If I do not arrive at the scheduled time, I may not be able to pick up my pet that day. **TIMES AVAILABLE: Saturday 5PM, Sunday 8 AM, 12PM OR 5PM.**

I understand that if my pet is **too aggressive** to be handled or if my pet **bites** an employee, my pet may no longer be welcome to stay at QCAH.

I give permission for QCAH to treat my pet during an **emergency**.

I DO NOT give permission for QCAH to treat my pet during an **emergency**.

We will attempt to contact you before starting treatment in the event of an emergency. If you cannot be reached, please indicate the **maximum** financial amount you give permission to spend for your pet: _____

Please also list an **emergency contact** in the event that you cannot be reached:

Emergency Contact: _____ **Phone Number(s):** _____

By signing below, I certify that I **have read and understood** everything on this form.

Owner/Agent Signature: _____ **Date:** _____ **QCAH Employee:** _____