

Name:
Address:

Boarding

Patient:
Breed:
Color:
DOB:

Release

Crossroads Animal Care Center (CACC) is happy to provide for your pets' boarding needs. ***Boarding changes are based upon a per day basis regardless of drop-off or pick up time.*** Proof of current vaccinations and a negative fecal are required for all boarding animals. All Canine borders must be up to date on their Bordetella vaccine, or have it updated, if needed, two weeks prior to boarding. If proof is not provided, we will update at our normal rates!

Dates of Stay:
Expected Pick-up Time: _____

Please provide a telephone number where you can be reached in an emergency: _____
Please provide a telephone number of a trusted family member or friend who you entrust to pick up your pet in case of an emergency if you are unreachable: _____

Do you give CACC permission to treat as necessary in case of an emergency, illness, or injury **in the event we are unable to reach you?** YES _____ NO _____

FOOD:

Food: _____

Amount/Frequency: _____

How often does your pet get fed? Once a day ___ Twice a day ___ Three times a day ___

Will you be providing your own food? Yes _____ No _____

Did your pet eat today? Yes _____ No _____

MEDICATION:

Medication Name	Dose/Frequency	Refill Needed? (Please circle yes or no)	
_____	_____	Y	N
_____	_____	Y	N
_____	_____	Y	N
_____	_____	Y	N

Did your pet get their medication today? Yes _____ No _____

***For the safety of your pet, MEDICATION MUST BE IN ORIGINAL PACKAGING WITH PROPER LABEL**

***A medication administration fee will apply per day (not per medication).**

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MULTIPLE PET BOARDERS:

Have there ever been any altercations? If so, when and why:

Is our kennel staff allowed to walk your pets together? YES___ NO___

Want to easily check on your pet during their stay at any time? If so, initial YES to allow us to post pictures of your pet on our Facebook Page, Twitter, and Instagram for your viewing pleasure!

(Please Initial) YES___ NO___

Special Pricing for Boarders

Treat your pet!

We offer special select services you can purchase for your pet while they board!

Please indicate any additional services needed so we can completely care for your pet. A charge for each additional service will be added to the boarding charge.

- * Bath (\$25) YES___ NO___
- * Nail Trim (\$15.23) YES___ NO___
- * Ear Cleaning (\$16) YES___ NO___
- * Anal Gland Expression (\$18) YES___ NO___
- * Beauty Brush-out for short hair (\$15) Long hair or double coat (\$25) YES___ NO___
- * Additional Walk (\$6 per extra walk, 1-2 extra walks a day for each day of their stay) YES___ NO___
- If YES, how many additional walks per day? 1 2
- * Personal Playtime (\$10 per playtime, one playtime a day, each day of their stay) YES___ NO___
- For the safety of our staff, is your pet toy possessive/aggressive? YES___ NO___
- * A framed picture of your pet during their stay here for you to take home (\$10) YES___ NO___

*** PLEASE KEEP IN MIND THAT BATHS AND BRUSH OUT ARE COMPLETED ONE TO TWO DAYS BEFORE THE PETS SCHEDULED DEPARTURE DATE***

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I understand that CACC is open only during the following hours → Monday-Friday 7:30 AM to 7:00 PM and Saturday 7:30AM to 1:00PM → with NO discharge/pick-up times available on Sundays.

I understand that if it is determined by CACC doctors and staff that my pet is too large/tall to be comfortable in a kennel, that he/she will be moved into an indoor run at an additional cost, per day.

I understand that although I may request for my pets to be boarded in the same kennel/run, it is ultimately up to the discretion of CACC doctors and staff whether my pets will need to be separated for feeding, overnight, or otherwise. I also understand that boarding my pets together may increase their risk of injury and will not hold CACC liable if injury results from cohabitation.

I understand that CACC does not provide 24-hour (overnight) supervision for their boarders.

I understand that Crossroads Animal Care Center is not responsible for death due to illness or disease or unavoidable and unforeseeable circumstances.

I understand that if my pet becomes ill while boarding, a CACC staff veterinarian will examine my pet and will attempt to contact me. If unable to contact me, the veterinarian will provide necessary treatment for my pet's welfare, and that I may be responsible for all charges related to the medical services.

By signing below, I declare that I understand and will comply with the Crossroads Animal Care Center boarding policies as stated on the previous page.

Signature: _____

Date: _____