

Mendakota Animal Hospital
Boarding Admission Form

DROP OFF DATE: _____

PICK-UP DATE: _____

Client/Owner's Name: _____

Pet's Name: _____

Belongings: _____

Vaccination Requirements for Boarding: For your pet's protection all vaccinations must be up to date at least one week prior to their stay. For dogs, the following must be up to date: *Rabies, Distemper, Bordetella and Fecal.* For cats, the following must be up to date: *Rabies, Distemper and Fecal.* Your pet must be free of internal and external parasites, and if not, treatment will be completed at your expense. We also cannot be responsible for personal items left with your pet.

ACCOMODATIONS & EXERCISE: Our accommodations include lodging in a cage or run that is suited to the size of your pet; feeding twice a day with Purina products or your own food if you prefer. Your pet's quarters are cleaned and sanitized at least twice daily. Exercise will be provided twice a day for dogs in our outdoor courtyard, which is fully contained within the building. See ***attached Additional Services Page*** for all accommodations/services we provide as options to our boarded animals.

Current Medical Condition(s): (ex: diabetic) _____

Administration of Prescription Medications Please list out the medications with dosage/strength, instructions and when they were last given. (Example: Novox 25mg, Give 1 tablet by mouth twice daily. Last given 08/05/20 22 at 9:00am) ***Note: There is an additional daily fee for administration of medications.

Medication Instructions: _____

CLIENT RELEASE & EMERGENCY INFORMATION

____ I understand that in the event of an EMERGENCY, I authorize _____ to make medical decisions regarding my pet. This person may best be reached at the following phone number: _____ I understand that even though I have authorized the listed person to make medical decisions, I assume full responsibility for any expenses incurred.

I understand that Mendakota Animal Hospital will assume all reasonable precautions against injury, escape or death of my pet(s). The clinic or staff will not be held liable for any problems that develop provided reasonable care and precautions are followed.

I understand that any problems that develop (ex: diarrhea) with my pet(s) while boarding at Mendakota Animal Hospital will be treated as deemed best by the veterinarian and I assume full responsibility for the treatment expense(s) involved.

____ I understand that if I neglect to pick up my pet(s) within five days of the pick-up date listed above and if I do not notify you within that time period, Mendakota Animal Hospital may assume that the pet(s) are abandoned and shall be surrendered to an appropriate animal facility. I understand that Mendakota Animal Hospital will not be obligated to release information regarding the facility the pet(s) were surrendered to. I understand that this DOES NOT relieve me of paying the costs incurred.

PLEASE NOTE: PETS MUST BE PICKED UP BETWEEN 8AM AND 11AM ON WEEKDAYS AND SATURDAYS TO AVOID A NEW DAILY CHARGE.

Client's Signature _____ Date: _____

We would like your pet's stay with us to be as comfortable as possible. The following are optional additional services and accommodations that we are happy to provide to your pet while they stay with us. *Please check which (if any) services you would like us to provide for your pet while they stay with us.* Please ask any of our staff members for additional information!

ACCOMODATIONS:

I would like my pet to be given a daily: _____ **Peanut Butter Kong (\$3.33/kong)**
_____ **Purina EN Kong (\$5.66/kong)**

OPTIONAL ADDITIONAL SERVICES:

Heartworm Test (\$77) _____ **Nail Trim (\$30)** _____ **Anal Gland Expression (\$39)** _____

*Note: A separately scheduled appointment is required for Grooming and pets that require sedation for nail trims.

Thank you! We truly appreciate you entrusting us with the care of your pet while you are away. Please call us at **651-688-9245** with any additional questions

