

Binder Animal Hospital
2941 Telegraph Road
Saint Louis, MO 63125
314 892-5406

BOARDING POLICIES AND INSTRUCTIONS FOR YOUR PET:

Owner's Name : _____ Pet's Name : _____

PLEASE BRING THIS FORM WHEN YOUR PET COMES IN FOR BOARDING

Home Phone : _____ Pet's Weight : _____ Age : _____

Emergency Contact : _____ Phone : _____

GENERAL INSTRUCTIONS : This form MUST be filled out completely before we can accept your pet. Boarding reservations need to be made at least one week in advance. Due to space limitations, we cannot board pets over 85 pounds. We also ask that you limit the number of items that you send along with your pet. We provide blankets and bedding for their comfort.

VACCINATIONS : All pets must have current vaccinations, including Bordetella for dogs. If vaccinations are not current, they must be given at least 72 hours prior to boarding.

HOURS FOR BOARDING CHECK-IN AND CHECK-OUT :	
Monday through Wednesday	10:00 am - 6:30 pm
Thursday	10:00 am - 1:00 pm & 3:00 pm - 6:30 pm
Friday	10:00 am - 3:30 pm
Saturday	10:00 am - 12:30 pm
Sundays & Holidays	Closed

Date of Check in _____ Time _____

Date of Check out _____ Time _____

Please indicate if someone else will be picking up your pet at check-out:

Person's Name: _____

FEEDING : We feed boarding pets Science Diet or Prescription Purina pet products. If you feed your pet a different food, or a prescription diet, we ask that you provide enough of the regular diet and treats for the entire stay. A change in food diet may sometimes cause a digestive upset.

FEEDING INSTRUCTIONS : PLEASE SPECIFY HOW OFTEN AND HOW MUCH:

TREATMENT INSTRUCTIONS :

MEDICATIONS : Bring with you any medication your pet will need while here, including heartworm preventative. Please list all medications, including name, strength, and the time of the day they are to be given. Please provide all medications in their original labelled containers.

<u>NAME</u>	<u>STRENGTH</u>	<u>SCHEDULE</u>	<input type="checkbox"/>
(ie : L-Thyrozine	0.5mg	1 tab twice daily)	
1. _____	_____	_____	
2. _____	_____	_____	
3. _____	_____	_____	
4. _____	_____	_____	
5. _____	_____	_____	

Has any medication been given today, if so, please list the name and when it was given:

Do you need any medications refilled while your pet is here?

Is there any additional information or concern about your pet that you would like us to know?

ADDITIONAL PROCEDURES : Please check if you want the following procedures done while your pet is with us.

NAIL TRIM _____ ANAL GLANDS _____ BATH _____

NOTE : If you request that your pet be bathed, it will be done on the day prior to check-out. Pets checking out on Monday will be bathed on Friday. If you prefer a bath Monday morning with a Monday check out, your pet will need to go home later Monday afternoon so the bath can be completed. All of these services are an additional cost. No routine physical or diagnostic exams will be performed on pets while boarding. If you would like your pet examined or if your pet needs vaccinations, please make a regular office appointment. Only procedures outlined on this form will be performed on pets while they are boarding.

FEES : Pets will be weighed upon arrival to determine boarding fee.
Check-In: All boarders leaving our facility after 2:00 pm will be charged for a full day. All charges incurred during this stay must be paid at the time your pet is released. We accept Cash, Check, Discover, Master Card, and Visa. Discounts are not available for these services.

Some pets may experience minor problems during boarding. If your pet develops uncomplicated diarrhea or decreased appetite while boarding, we will treat this problem without additional consent. There will be additional charges for the treatment.

If my pet has a medical problem other than diarrhea or decreased appetite while boarding, I authorize Binder Animal Hospital to treat my pet as appropriate without additional consent : (check one)

YES _____ NO _____

I fully understand and accept all of the terms and conditions stated on this form for boarding my pet at Binder Animal Hospital.

SIGNED : _____

Checked in by (initials): _____

Entered into whiteboard by (initials): _____

Double-checked by technician/doctor (initials): _____

*****PLEASE KEEP THIS SHEET FOR YOUR INFORMATION*****

BINDER ANIMAL HOSPITAL
2941 TELEGRAPH ROAD
ST. LOUIS, MO 63125
314-892-5406

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CHECK-IN : All boarders will be charged for the day they arrive at our facility regardless of the time of check-in.

CHECK-OUT : All boarders leaving our facility before 2:00 pm the day of check-out will not be charged for that day. Any boarders checking out after 2:00 pm will be charged for a full day.

If there will be a change in your pet's departure time please call and inform our office.

We will do our best to make your pet's stay at our clinic as comfortable as being in your home.

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