

The Scottsdale Veterinary Clinic
Boarding Information Sheet

Client Information:

Client Name: _____ Phone Number: _____

Address: _____

Patient Information:

Patient Name: _____ Age: _____ Sex: Male Female
Altered? Yes No

Species: _____ Breed: _____ Color: _____

Boarding arrival date: _____ Boarding exit date: _____

Medical Boarding \$144.02 per 24 hours.

Additional Services requested during your pet's stay:

(Please check any services you want performed)

- | | |
|--|---|
| <input type="checkbox"/> Bath - \$25.00 | <input type="checkbox"/> Exam - \$68.00 / Exotic - \$82.00 |
| <input type="checkbox"/> Professional Grooming – by appt. only, prices range, please speak with groomer. | <input type="checkbox"/> Vaccines - \$22.00 each (plus \$68 exam) |
| <input type="checkbox"/> Nail Trim - \$15.00 | o DAPV Bordetella Canine Rabies |
| <input type="checkbox"/> Anal Gland Expression - \$32.16 | o FVR-CP Leukemia Feline Rabies |
| <input type="checkbox"/> Dental Cleaning - \$320 (by appt. only, extractions additional) | <input type="checkbox"/> Heartworm Test - \$58.82 |
| | <input type="checkbox"/> FELV/FIV/HWT Test - \$60.24 |

Please List Medications and Instructions:

Medication: _____ **Strength:** _____

Instruction: _____

When is next dose due? _____

Medication: _____ **Strength:** _____

Instruction: _____

When is next dose due? _____

Medication: _____ **Strength:** _____

Instruction: _____

When is next dose due? _____

Medication: _____ **Strength:** _____

Instruction: _____

When is next dose due? _____

Are there any special instructions our staff should be aware of when medicating? Any special dietary needs?:

Emergency Contact Person: _____ **Phone:** _____

Who is your regular Veterinarian/Hospital? _____

If medical problems arise, may we contact them? Yes No

Is it okay to release your pet to their care? (Owner is responsible for transportation) Yes No

Do we have permission to provide regular care of your pet(s), should the need arise, at regular office fees? Yes No

Maximum amount allowed without further authorization: \$100 \$250 \$500 \$1000 Unlimited Zero, Call First (If not, we reserve the right to treat life-threatening situations)

Have you authorized anyone else to pick up your pet(s)? Yes No

If yes, please name: _____ Phone: _____

Owner Initials: _____

Drop Off and Pick Up times are between 7:00AM-7:00PM.
THE SCOTTSDALE VETERINARY CLINIC
BOARDING AGREEMENT

Rev. 5/7/2020

*Our goal at The Scottsdale Veterinary Clinic is to provide a safe, comfortable boarding environment for your pet while you are away.
Toward that goal, the following rules have been implemented to ensure the health and safety of your pet.*

1. CHECK IN/OUT TIME: Boarding drop-offs and pick-ups are done from 7:00 a.m. to 7:00 p.m. Holiday hours will be posted and/or confirmed by phone. *PLEASE BE ADVISED THAT TRAINED PERSONNEL ARE NOT ON THE PREMISES 24 HOURS A DAY. **NO DROP-OFFS OR PICK-UPS BETWEEN 7PM TO 7AM.** DUE TO LIMITED OVERNIGHT STAFF, EXTENDED HOURS ARE RESERVED FOR PET MEDICAL EMERGENCIES.*

Initial: _____

2. VACCINATIONS: Proof of current vaccinations is required on or before the time of boarding drop-off for all animals. This proof must be in writing from the licensed veterinarian who administered the vaccinations. Home or breeder administrated vaccinations will not be accepted. Canine vaccinations required are **DHP-PV, Rabies, and Bordetella.** *We also highly recommend vaccinating Canines for H3N2 & H3N8 Influenza as well as Leptospirosis.* Feline vaccinations required are **Rabies and FVR-CP** for cats boarding in the hospital area. It is the Owner's responsibility to provide this proof at the time of boarding. If it is not provided at the time of boarding and cannot be verified for any reason, vaccinations will be administered here and the Owner will be responsible for any charges to vaccinate their pet(s) including exam fees and vaccination charges, in addition to regular boarding charges.

Initial: _____

3. FLEA AND TICK CONTROL \$24.50: All animals will be treated for fleas and ticks at the Owner's expense at the start of boarding. The product we use is NexGard or Frontline for dogs, and Revolution for Cats. If either of these are not an appropriate choice for your pet, we reserve the right to use either Frontline or Revolution for your pet. This is for the safety of your pet and others boarding in the facility. The only products we accept for flea and tick treatment from an Owner is **Nexgard, Frontline, or Revolution.** No other products will be accepted. If the Owner uses Nexgard, Frontline, or Revolution, proof of purchase and application at home is necessary.

Initial: _____

Initial: _____

4. SPECIAL FEES: If you are boarding your pets together and there are problems such as fighting or an unaltered female going into heat, if necessary, we may separate them at an additional charge to the Owner.

Initial: _____

5. LIABILITY: Owners may leave personal items such as blankets, toys, bedding, etc., for your pets. Please understand that we will make every effort to keep track of these items while your pet is boarding but we are not responsible for these items if lost or damaged. If you can't bear to lose it or it is not replaceable, we ask that you please leave it at home.

6. MEDICAL ATTENTION: In the event your pet becomes ill or injured during their stay, we will do our best to contact you at the numbers you leave for us. If we cannot reach you, The Scottsdale Veterinary Clinic will perform any medical care necessary under the circumstances at regular office/hospital fees. We hope this never becomes necessary, but we feel strongly that we must do what is best for your pet while in our care.

Initial: _____

7. FEEDING OPTIONS: We urge you to provide your pet's own food during medical boarding visits, so that they can feel as comfortable as possible. If food is not provided, the food we can provide with the nightly boarding price is dry Canine Purina EN Gastroenteric, or dry Feline Royal Canin Weight Control.

Initial: _____
(Circle one) **Y** **N**

I am the owner or legal authorized agent for the above-named animal(s). I agree to the policies set forth by The Scottsdale Veterinary Clinic, and do hereby agree to pay any and all charges prior to the discharge of the aforementioned pets.

Signature of owner/Authorized agent

Date

Staff Check-In Initials

GROOMING



Would your pet like to have a bath during his stay?

A boarding bath is only \$25. We can have your pet feeling fresh and smelling wonderful when you come back to pick him up!

Does your pet need more than just a bath?

We offer many different grooming packages including, special shampoos and conditioners, teeth brushed and nails filed to shed-less treatments and moisturizing spa packs.

Ask to speak with one of our stylists today and we'll have your pet looking and smelling beautiful when you pick him up from his stay here.

Professional grooming includes:

- Bath
- Blow-dry
- Haircut and Style
- Nail Trim
- Ear Cleaning
- Anal Gland Check



Please choose one:

PROFESSIONAL GROOMING

MUST SPEAK WITH GROOMER

Will be done the morning of departure. Please be sure you have talked to a groomer and made your appt. with her.

BOARDING BATH (\$25)

May be done 1 to 2 days before departure date. No appt. with groomer needed. This is a "bath only"...your pet will be fresh and clean for pick-up.

OTHER SERVICES AVAILABLE:

- Nail trim (\$12.00 with a boarding bath & free with professional groom.)
- Teeth brushed (\$5)

Pet's Name _____ Last Name _____

Owner Contact Number _____

Date Going Home _____

<animal-pic>

All About My Stay!



<animal>

My weight was _____



Eating and Drinking	Eager for a meal at home	There were some leftovers	Gobbled it all down
Sleeping Comfortably	A little bit restless	Rested	Lights out. Sweet Dreams
Social Ability	Not feeling sociable	Getting used to new friends	Party animal
Potty Time	Make sure things are back to normal at home	Took some coaxing	Took care of business
Activity Level	Quiet	Normal and Happy	Energetic



I made many new friends both 2 and 4-legged during my visit! I will be very happy to go home, but I fully enjoyed my stay and will recommend this hotel to all my 4-legged friends!



TSVCpets.com

My friend(s) who took care of me were: _____

Additional Notes: _____

<animal> might have some loose stool when they get home related to the change in the environment and the excitement of you coming home. In order to try and avoid this you should feed a bland diet of 1/2 rice mixed in with 1/2 of their regular food. It is not recommended to give too many treats for the next couple of days at home. If the loose stools are not resolving in 2-3 days, please call us for additional instructions.

The Scottsdale Veterinary Clinic ▪ 480-945-8484

*This page is for
staff use only*

**Place Patient
Label Here**

Date in: _____ Date Out: _____

Box #: _____

Luggage: _____

Diet: _____

Weight:
In _____
Out _____

NexGard
Date Given: _____

On Medications: Yes No

Date:								
Stool								
Urine								
Am Food								
PM Food								
Treats Given								
Attitude								

Medications And Dosage	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	Initials:	Initials:	Initials:	Initials:	Initials:	Initials:	Initials:	Initials:

Comments (Please date any notes):

Send Picture Message: # _____ - _____ - _____ Date Sent: _____

Stool: 1-Normal 2-No 3-Loose 4-Blood Attitude: 1-Excellent 2-Caution 3-Will Bite
Urine: 1-Yes 2-No 3-Abnormal (See comments) Fed: 1-Ate 2-Some 3-None

Vet Services Needed: Vaccinations: Exam: Other: _____ Written On Board Initials: _____
Grooming Services Needed: Boarding Bath: Groomer: _____ Date Scheduled: _____
Prof. Grooming: Groomer: _____ Date Scheduled: _____
In schedule in Avimark Initials: _____

Staff Check-in Initials: _____

Boarding info on File:

Staff Check-out Initials: _____