



Swift Creek Animal Hospital

9412 Penny Road ♦ Raleigh, NC 27606 ♦ 919.851.8387

Boarding Agreement

Owner's Name: _____ Drop-Off Date: _____

Pet's Name: _____ Pick-Up Date and ETA: _____

The following vaccines and tests are required to be done prior to visit for ALL boarders. If they are not updated prior to boarding, then they will be required to be updated immediately upon arrival at the hospital.

Canines: Rabies, DHPP, Bordetella, & Fecal Check **Felines:** Rabies, FVRCP, & Fecal Check

Feeding Instructions

We provide a dry diet of Royal Canin GI Low Fat Formula while boarding for dogs and a dry diet of Purina Formula for cats free of charge. If a WET diet is required, you will be charged per can used while boarding. Personal food can be brought and fed free of charge.

Will your pet be eating hospital food or personal food? _____

Does your pet have any food allergies? _____

Does your pet eat in AM only, PM only, or TWICE DAILY? _____

Has your pet eaten today? _____

When is their next meal due? _____

How many cups or cans does your pet eat per meal? _____

If your pet grazes, how many cups or cans do they eat per DAY? _____

Grooming Services

Baths will be given on the day of pickup and pets will be ready for pickup AFTER 3pm

€ Bath (Nail Trim Included) - \$31-44 based on weight

€ Nail Trim (No Bath) - \$17

€ Brush Out with Furminator - \$25.00

€ Anal Glands - \$18

€ Additional Services: _____

Medication Instructions

Medications MUST be in their original prescription bottles for us to administer them

1. Medication Name and Dosage: _____

- When was the last time this medication was given? _____
- When is the next dose due? _____

2. Medication Name and Dosage: _____

- When was the last time this medication was given? _____
- When is the next dose due? _____

3. Medication Name and Dosage: _____

- When was the last time this medication was given? _____
- When is the next dose due? _____

4. Medication Name and Dosage: _____

- When was the last time this medication was given? _____
- When is the next dose due? _____

5. Medication Name and Dosage: _____

- When was the last time this medication was given? _____
- When is the next dose due? _____

Do you have any concerns that you would like the doctor to address while your pet is boarding with us?

Should we monitor or be aware of anything while your pet is boarding? (Ex: Anxious, food aggressive, etc.)

I understand that if my pet needs medical attention while boarding, I will be charged for a standard office visit and for any treatments/medications deemed necessary by the doctor. This includes any vaccinations or tests required for boarding, as well as diarrhea as a result of stress. Medications given while boarding will result in a daily medication charge of \$4.00.

Owner's Phone Number:

Additional Phone Number or Email Address:

Alternate person(s) authorized to pick up my pet:

Owner's Signature: _____

Date: _____