



## Swift Creek Animal Hospital

9412 Penny Road ♦ Raleigh, NC 27606 ♦ 919.851.8387

---

# Boarding Agreement

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Drop-Off Date: \_\_\_\_\_ Pick-Up Date: \_\_\_\_\_ ETA: \_\_\_\_\_

*I, \_\_\_\_\_, understand that in the event my pet, \_\_\_\_\_, is in need of medical attention while boarding that I will be charged for a standard office visit with the doctor and for any treatments and/or medications deemed necessary by the doctor. This includes, but is not limited to, any vaccinations and tests required for boarding and diarrhea as a result of stress. Any medications administered during boarding will result in a daily medication charge of \$3.50 per day given.*

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, K9 Influenza (Bivalent) and Fecal Check**

**Felines: Rabies, FVRCP and 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.

**What kind of food will your pet be eating?** (circle one) Hospital Food -or- Personal Food

**Does your pet have any food allergies?** If so, what are they allergic to? \_\_\_\_\_

**How often does your pet eat?** (circle one) AM ONLY -or- PM ONLY -or- TWICE Daily

**Has your pet eaten today?** (circle one) Yes -or- No

**When is their next meal due?** \_\_\_\_\_

**How much does your pet eat PER MEAL?** \_\_\_\_\_ (cups/cans/etc.)

**If your pet grazes, how much do they eat per DAY?** \_\_\_\_\_ (cups or cans)

## Grooming Services

- |  |   |
|--|---|
| <input type="checkbox"/> Bath (Nail Trim Included) - \$25-40<br>based on weight<br><i>*Baths will be given on the day of pickup and pets will be ready for pickup AFTER 3pm*</i> | <input type="checkbox"/> Nail Trim (No Bath) - \$15<br><input type="checkbox"/> Anal Glands - \$16<br><input type="checkbox"/> Brush Out with Furminator - \$22.50<br><input type="checkbox"/> Any Additional Services: _____ |
|--|---|

## Medication Instructions

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

1. Medication Name and Dosage: \_\_\_\_\_
  - When was the LAST time this medication was given? \_\_\_\_\_
  - When is the NEXT time this medication needs to be given? \_\_\_\_\_
2. Medication Name and Dosage: \_\_\_\_\_
  - When was the LAST time this medication was given? \_\_\_\_\_
  - When is the NEXT time this medication needs to be given? \_\_\_\_\_
3. Medication Name and Dosage: \_\_\_\_\_
  - When was the LAST time this medication was given? \_\_\_\_\_
  - When is the NEXT time this medication needs to be given? \_\_\_\_\_

**Do you have any concerns that you would like the doctor to address while your pet is boarding with us? (Example: Ears seem infected, Vomiting, Diarrhea, Etc.)**  
If so, please notate:

**Do you have anything you would like us to watch out for or be aware of while your pet is boarding with us? (Example: Anxious, Food Aggressive, Etc.)**  
If so, please notate:

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Additional Phone Number or Email Address: \_\_\_\_\_

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