

Pet Hotel

at the

Newport Hills Animal Hospital

13018 Newcastle Way, Newcastle, WA 98059

Ph: 425-643-1170 Fax: 425-401-0733

OWNER OF ANIMAL: _____
ADDRESS: _____
EMAIL: _____
PET'S NAME : _____ **BREED:** _____
DATE: _____ **SEX:** _____ **AGE:** _____

Rates:

Are charged per calendar day.

Medication Administration

There is a fee associated with administering medications while boarding.

Fee will depend of frequency medication is given.

Dogs are walked outside at least twice daily. We provide food, water and bedding. *At the end of their stay you have the option of having them bathed. The charges range depending upon species and/or weight. Baths include ear cleaning and a nail trim. You will not be charged for boarding the day of your bath.

Boarding charges are per calendar day. If you pick up before 9 am or your pet is having a bath that day, you will not be charged for the day.

For your pets safety please bring; proof of vaccination, current exam and negative fecal done by a veterinarian. This can be an invoice or the actual medical records for vaccinations. You may fax this info ahead of your reservation. Required vaccines are as follows:

Dogs: DHPP, Lepto, Bordatella, Influenza and Rabies. **Cats:** FVRCP, Rabies.

All animals must have been examined by a doctor within one year. Pets that are 12 years and older must have been examined by one of our veterinarians within 6 months and have had a geriatric blood test within 1 year.

All animals must have proof of a negative fecal test being run with in the last 12 months. If they are not up to date on their; vaccines, fecal test or exam, we will be happy to perform those during their stay.

You are welcome to bring your pets own food. We discourage bringing bedding and toys, bedding will be provided during their stay. If you do bring your own bedding we cannot guarantee that your pet will not destroy these items, and it is possible that these items will not be returned.

What food do you feed your pet? Wet or Dry? _____

What quantity do you feed your pet? _____ Cup/Ounces

Once or Twice a Day? _____

I am providing my own food: Yes _____ No _____

What medications is your pet taking?

Name of Medication _____

Dosage _____ Times per Day _____

We recommend that all animals be on a parasite prevention program for fleas, heartworms and intestinal worms.

Photo release: I give my permission for the Animal Hospital of Newport Hills to use photos of my pet.

I understand that the Animal Hospital may use them on social media sites, for advertisements or any other format the Animal Hospital may choose. I release the Animal Hospital of Newport Hills, its employees and/or office from any violation of any personal or proprietary right I may have in connection with such use.

Yes _____ No _____

For the health and safety of your pet, please read and initial each item to indicate you understand our policies:

Your pet will be boarded in a kennel size and location deemed appropriate by the staff. We can not guarantee any particular kennel will be reserved for your pet. The staff uses temperament, age, duration of stay, medical issues and availability to make this selection. We provide food, blankets, and bowls.

Please read and initial

_____ If your pet becomes ill we will examine your pet and treat as needed. This includes vomiting, diarrhea, not eating, etc. We will call the emergency number that you provide before starting any treatments, but we will start treatment as needed. You will be charged regular fees for this service. We do not like to surprise people with unexpected bills so please provide an accurate emergency number. We will not be responsible for problems caused by your pet eating towels, bedding, or other items in your pet's kennel. We will not be liable for problems by your pet's eating, scratching, or otherwise self-caused trauma or problems. This includes surgery or medical treatment required to remove any foreign body that your pet ingests while here.

Your Contact # _____

Emergency Contact # _____ Person _____

_____ Pets not picked up within 2 days of the date you list below will be assumed to be abandoned. A certified letter will be mailed to the above listed address and abandonment proceedings will begin. There is a \$15 fee for the letter. If your plans change you must call and let us know the new dates and pay for the extra days at that time.

Drop Off Date _____ Pick Up Date _____ Time of Pick Up _____

_____ I agree to the above terms. I assume all responsibility for providing accurate information.

Please Sign Here _____

*Note: Most pets need a bath after boarding. It includes a toe nail trim, ear cleaning, shampoo with drying. Do you want us to give one near the end of your pets stay or do you plan to do it yourself when you get home?

_____ Please give my pet a bath

_____ I will bathe my pet myself when I get home. I understand that my pet will most likely need a bath.