



Quail Corners Animal Hospital
 24 Hour Emergency Care
 1613 East Millbrook Road ~ Raleigh, NC 27609 ~ 919-876-0739

BOARDING AGREEMENT

Today's Date: _____ Date of Pick Up: _____

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

Feeding Instructions (Circle one): Own Hospital Provided* Last Meal (Circle One): AM PM

How much do you feed per meal? _____ How Many times per day (Circle One): One Two

Special Instructions: _____

	(check one)	Yes	No
Is your pet on medications? (If yes, please fill out medications page)			
Does your pet have an incision, sutures or staples?			
Has your pet been treated with flea/tick medication in the last 30 days?*			
Does your pet have a history of shredding/eating bedding?			
Is your pet afraid of thunderstorms?			
Does your pet have allergies? (If yes, please list in special instructions)			

*If fleas/ticks are observed on your pet during boarding, treatment will be provided at your expense.

Vaccination Policy: To ensure the protection of all the pets under our care, the following vaccines must be up to date prior to your scheduled boarding date.

DOGS: Rabies; Distemper/Parvo (DHPP); Bordetella, Influenza (Flu)** **CATS:** Rabies; FVRCP (Distemper)

Note, the Influenza (Flu) vaccine is a new requirement as of March 1, 2019.

Other Services: Are there other services we can provide while your pet is boarding with us? Please initial if you need one of these services.

_____ Nail Trim _____ Bath (done day of pick up) _____ Groom (groomer must have availability)	_____ Bordetella _____ DHPP (dogs) _____ Rabies _____ Influenza _____ Leptospira	_____ Heartworm Test _____ Intestinal Parasite Test _____ FVRCP (cats) _____ Feline Leukemia (cats)
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* Hospital provided food is a **Purina GastroIntestinal/ Sensitive Stomach dry**. Any other food requirements requested (ie: wet food or prescription diet) will be added to your account and can be paid for at time of pick up.



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Medication Information Form

Pet's Name: _____

Owner's Name: _____

Medication #1

Name of Medication: _____

How often Administered: 1x Day 2x Day 3x Day Other: _____
 With a meal On an empty stomach Other: _____

Last time this medication was administered: _____

Medication #2

Name of Medication: _____

How often Administered: 1x Day 2x Day 3x Day Other: _____
 With a meal On an empty stomach Other: _____

Last time this medication was administered: _____

Medication #3

Name of Medication: _____

How often Administered: 1x Day 2x Day 3x Day Other: _____
 With a meal On an empty stomach Other: _____

Last time this medication was administered: _____

Medication #4

Name of Medication: _____

How often Administered: 1x Day 2x Day 3x Day Other: _____
 With a meal On an empty stomach Other: _____

Last time this medication was administered: _____

Medication #5

Name of Medication: _____

How often Administered: 1x Day 2x Day 3x Day Other: _____
 With a meal On an empty stomach Other: _____

Last time this medication was administered: _____

Owner's Signature: _____ Date: _____

Chart #: _____

Pet: _____

Staff Review: _____



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 919-876-0739 Phone ~ 919-882-8018 Fax

Medication Illness Policy

Pet's Name: _____

Owner's Name: _____

One of the advantages of boarding your pet(s) in an animal hospital is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency number(s) listed below regarding your pet's symptoms, treatment options and estimate of additional costs. If no one can be reached; however, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition.

- Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and necessary diagnostics.
- I do have monetary limitations (not including regularly boarding charges). I authorize up to \$_____ in medical care until someone can be reached.
- Do not administer any medical treatment until specific authorization is given.

I have read and understand this agreement. I fully intend to pick up my pet on the specified date. If circumstances change, I will notify the hospital of the changes.

Emergency Contact Name: _____ Phone #: _____

Emergency Contact Name: _____ Phone #: _____

Emergency Contact Name: _____ Phone #: _____

(Signature of responsible party)

(Date)

Chart #: _____

Pet: _____

Staff Review: _____