

Pet Hotel **Boarding Admission Form** 200 McFarland Circle North, Tuscaloosa, AL 35406 Phone: (205) 345-1231 Fax: (205) 345-1219

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C	lient Name: Name(s) of pet(s) boarding:		
B	Boarding Dates: from:// until:// Pick-up time:		
*	 Are there any specific problems you would like the doctor to examine during your pet's visit? Yes: No: List problem areas: 		
*	Does your pet have any medical condition, disease or behavior problems? Yes: No: If yes, please describe:		
*	Items brought with pet:		

Indian Hills Animal Clinic will not be responsible for any items (excluding medication) left with your pet (s).

ADDITIONAL SPECIAL SERVICES AVAILABLE FOR YOUR PET:

Please check extra services you would like for your pet:

Daily brushing (hair) - \$3.00/day

Bedtime treat - \$2.00/treat

Special diet provided by IHAC – Amount depends on food required

Additional 10 minutes of play time _____times per day – \$4.00/play time

Administration of medications - \$8.00 once daily/\$12.00 twice daily/18.00 three (or more) daily

Level NexGard, Simparica, Advantix or Revolution administered after bath (kills fleas and ticks for 1 month or longer) - \$20.00

Boarding Policies:

For your pet's protection, all vaccines must be current. Bordetella for kennel cough must be updated every six months. Pets not currently on monthly heartworm/intestinal parasite prevention will receive an intestinal parasite exam. To maintain a clean and pest free environment for all of our guests, all pets must be free of fleas prior to boarding. Capstar will be administered if fleas are found on your pet. In the event that a medical problem(s) should arise while your pet is boarding (including emergencies) your pet will be treated accordingly. Additional charges will apply. We will contact you as soon as possible. All boarding pets will be bathed prior to discharge. Appropriate charges will apply.

Signature____

Date

DISCHARGE ADMINISTRATION

Please contact us 2 hours prior to pick-up if unable to give an approximate pick-up time.

Authorized person(s) to pick up my pet(s):		
Emergency phone number(s):	_Name:	
Signature	Date:	

PET PICK-UP AND DROP OFF: M - F 7:00 AM - 5:30 PM; SAT 9:00 - 11:00 AM AND SUN 9:00 - 10:00 AM.