



Pet Hotel
Boarding Admission Form
 200 McFarland Circle North, Tuscaloosa, AL 35406
 Phone: (205) 345-1231 Fax: (205) 345-1219
www.indianhillsac.com Like us on Facebook

Client Name: _____ Name(s) of pet(s) boarding: _____

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) - \$4.00/day
- Bedtime treat - \$2.10/treat
- Special diet provided by IHAC – Amount depends on food required
- Additional 10 minutes of play time ____times per day – \$5.50/play time
- Administration of medications - \$10.50 once daily/\$15.50 twice daily/23.00 three (or more) daily
- NexGard, Simparica, Advantix or Revolution administered after bath (kills fleas and ticks for 1 month or longer) \$23.50 -26.00

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. 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.