

Client Name: Name(s) of pet(s) boarding:	
Boarding Dates: from:// until:// Pick-up time:	
<ul> <li>* Are there any specific problems you would like the doctor to examine during your pet's visit?</li> <li>Yes: No:List problem areas:</li> </ul>	
<ul> <li>* Does your pet have any medical condition, disease or behavior problems? Yes: No:</li> <li>If yes, please describe:</li> </ul>	
* 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:	
Bath (Additional Charge)	
Daily brushing (hair) - \$5.00/day	
Bedtime treat - \$3.00/treat	
Special diet provided by IHAC – Amount depends on food required	
Additional 10 minutes of play timetimes per day – \$6.00/play time	
Administration of medications - \$12.25 once daily/\$17.25 twice daily/2\$5.00 three (or more) daily	
🖵 NexGard, Simparica, Advantix or Revolution administered after bath (kills fleas and ticks for 1 month or longer) \$31	1.00-34.00
Boarding Policies:	
For your pet's protection, all vaccines must be current. Bordetella for kennel cough must be updated every six mont currently on monthly heartworm/intestinal parasite prevention will receive an intestinal parasite exam. To maintain free environment for all of our guests, all pets must be free of fleas prior to boarding. In the event that a medical pro- arise while your pet is boarding (including emergencies) your pet will be treated accordingly. Additional charges will contact you as soon as possible.	n a clean and pest oblem(s) should
SignatureDate	

## 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: \_\_\_\_\_