

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 info@indianhillsac.com

Client Name:	Boarding Phone (Cell)
Name(s) of pet(s)boarding:	
Boarding Dates: from:/	/ until:/ Pick-up time:
	would like the doctor to examine during your pet's visit? m areas:
	lition, disease or behavior problems? Yes: No:
* Items brought with pet:	
	t be responsible for any items (excluding medication) left with your pet (s).
ADDITIONAL SPECIAL SERV	VICES AVAILABLE FOR YOUR PET:
Please check extra services you woul Bath (Additional Charge)	d like for your pet:
☐ Bedtime treat - \$3.00/treat	
\square Special diet provided by IHAC – An	ount depends on food require
☐ Administration of medications - \$12.	25 once daily/\$17.25 twice daily/25.00 three (or more) daily
☐ NexGard, Nexgard plus, NexGard c	ombo for cats administered after bath (kills fleas and ticks for 1 month or longer)
Boarding Policies:	
For your pet's protection, all vaccine not currently on monthly heartworm clean and pest free environment for medical problem(s) should arise while Additional charges will apply. We will apply the will	s must be current. Bordetella for kennel cough must be updated every six months. Per l'intestinal parasite prevention will receive an intestinal parasite exam. To maintain a all of our guests, all pets must be free of fleas prior to boarding. In the event that a e your pet is boarding (including emergencies) your pet will be treated accordingly. Il contact you as soon as possible. For the safety and well-being of all animals in our with certain medical conditions for boarding
Signature	Date
Emergency contacts	
Please contact us 2 hours prior to pi	ck-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: