

DuPage Animal Hospital

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Boarding Agreement

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

Date of Drop off: ____/____/____ Date of Pickup: ____/____/____

Feeding Directions:

Brand of Food	
How Much Dry Food per Meal?	
How Much Canned Food per Meal?	
How Often?	
Can We Give Treats?	
Any Allergies?	
Time of Their Last Meal?	

Vaccine Policy: To insure the protection of all pets under our care, written proof of the following vaccinations must be presented at time of boarding. **If proof of vaccines is not available, the following procedures will be given at owner's expense, including a wellness examination fee of \$51.00. Please Initial.**

CANINE:

*Rabies (DuPage Co \$34.70) _____ *Rabies (Cook Co \$25.90) _____

**Note: Rabies price is for 1-Year vaccine (Neutered/Spayed price)*

DHLPP (\$29.75) ____ DHPP (\$17.25) ____ Lepto (\$15.65) ____ Bordetella (\$31.50) ____ Fecal (\$24.00) ____

FELINE:

*Rabies (DuPage Co \$37.15) _____ *Rabies (Cook Co \$27.90) _____

**Note: Rabies price is for 1-Year vaccine (Neutered/Spayed price)*

FVRCP (\$16.50) ____ Fecal (\$24.00) ____

Other optional services that we offer:

Dog Nail Trim (\$16.75) ____ Cat Nail Trim (\$13.50) ____ Anal Gland Expression (\$31.25) ____

Heartworm Test (\$39.00) ____ Feline Wellness Blood Panel (\$66.85) ____

Canine Wellness Blood Panel w/ Heartworm Test (\$89.50) ____

Special Care: We give conscientious, affectionate, and individualized care to pets left in our trust. If your pet has special needs please advise us. Please also list out any particular behaviors that we should be aware of (example: dislike of other animals, will chase birds, afraid of storms, etc.) All boarders receive a free minor exam by the veterinarian.

Brief history of any problems:

Please list any medications your pet may be on along with current directions & time last dose was administered.

Note: An additional charge of \$5/night will be added for administering medication. **Initial** _____

Medication:	Directions:	Time Dose Was Given Last:

Boarding away from home can cause some pets to develop an upset stomach which can lead to diarrhea. If your pet develops diarrhea, a medication called Flagyl, an intestinal antibiotic, can relieve the symptoms. We can start this medication (at a doctor's direction) for an additional cost.

If my pet begins to have diarrhea (please initial):

_____ I authorize DuPage Animal Hospital to administer Flagyl to my pet.

_____ I do not want Flagyl administered to my pet.

Do you currently use a flea preventative on your pet? Yes _____ No _____

If yes – what type do you use? _____

When was it applied last? _____

We are an intake facility for Villa Park, Elmhurst, and Wood Dale police departments. Because the police are allowed to drop off strays animals 24/7, we are not always here to check them for fleas. In order to provide the best care and protection for your pet, we would like your permission to apply Advantage, a topical flea preventative, at an additional charge, if your dog is not current on a flea preventative.

_____ I authorize Advantage to be applied.

_____ I do not authorize Advantage to be applied.

_____ I authorize a different kind of preventative to be applied: _____

In the event that my pet becomes ill, I authorize DuPage Animal Hospital to render medical care, which it deems as necessary. I request that every reasonable attempt be made to reach me or my agent at the phone number below, and I assume financial responsibility for all charges incurred.

Signature: **X** _____ **Phone:** _____

Emergency Contact #1: _____ **Phone:** _____

Emergency Contact #2: _____ **Phone:** _____

Please call before picking up your pet to make sure they are ready to go home.

Possessions: _____

Kennel Initial: _____