

Owner's Name _____ AM
 Dog's Name _____ Date of Pick-up _____ Approximate Time of Pick-up: _____ PM
 Emergency Contact Phone Number: (_____) _____
 Pet's Diet at Home: _____ Dry Wet Mixed
 Prescription Diet (\$1.50 per day) Owner brought
 Amount per serving: _____ How Often: _____ Last time your dog was fed _____: _____ PM

Standard Services Provided:

- *Veterinarian Supervision*
- *Licensed Veterinary Technician Monitored*
- *Administering Heartworm Preventative, Vitamins, Supplements and Treats*
- *Feeding Science Diet twice daily*
- *Two walks outside per day*

Daily Boarding Rates:

Small Dog (0-39 lbs.)	\$21.50
Large Dog (40 + lbs.)	\$24.00
Clean-up Bath	\$12.50 - \$13.50

(A clean-up bath is required if boarding longer than one night. If boarding for only one night, a bath **will not** be given unless requested.)

TLC Package:



- One Additional Walk Outside (3 total)
- Administering Medications
- Feeding Hills Prescription Diet

Add TLC \$7.00 per day # _____

Doggie Daycare Stay & Play Package:



- Daily Exercise
- Group Play Activities
- Biscuits Balls & Bellyrubs

Add Stay & Play \$11.00 per day # _____

Additional Entertainment Services:

- Add Stretch The Legs Walk \$4.00 per time # _____ (max of 2) per day
- Add # _____ Knotted Rawhide Chew(s) \$2.95 each
- Add # _____ Dental Care Chew(s) \$1.50 each
- I have made arrangements with Shaggy Pines

Grooming Services:

- Add a Nail Trim \$11.75
- Add a Brush Out for \$15.00 per fifteen minute session How many? # _____ (Maximum of two)
- I have made a Grooming Appointment on _____ (date) with _____.



Medical Services:

- Add an Ear Cleaning with Technician Exam \$24.00
 If infected, OK for doctor to examine and treat? (appropriate fees will be charged) Yes No
- Add a request to Express Anal Glands \$25.44
 If infected, OK for doctor to examine and treat? (appropriate fees will be charged) Yes No
- Administering Medications \$3.00 per day
 (All medications must be in original container for us to administer.)
- Administering Insulin \$6.25 per injection
 (Owner must bring own insulin and syringes)

MEDICATION, VITAMIN AND SUPPLEMENT INFORMATION WILL BE REVIEWED AT CHECK-IN, AND ENTERED INTO OUR MEDICAL DOCUMENT. PLEASE ALLOW US 10 MINUTES TO REVIEW THE INSTRUCTIONS WITH YOU FOR THE ACCURACY OF OUR RECORDS.

- I would like to have the doctor examine/evaluate the following medical problem(s). (appropriate fees will be charged)
- _____

Authorization of Treatment:

Yes _____ No _____ (initials) I authorize Cascade Hospital for Animals to treat any unexpected **non life-threatening** medical problems such as lameness, skin infections and ear infections up to a maximum of \$ _____.

Yes _____ No _____ (initials) In the event of a **life-threatening emergency** I authorize Cascade Hospital for Animals to treat my pet up to a maximum of \$ _____, and then contact me at the emergency number listed above.

_____ (initials) If I cannot be reached by phone (circle one) **I DO** (or) **I DO NOT** authorize emergency treatment.

Owner's Signature _____

Date _____

For office use only:

VA Initials _____

Medication Form attached

Revised 12/29/2010



General Release of Liability and Client Agreement for Canine Boarding and The Crate Escape Doggie Daycare Services

Policies and Conditions for Admission of Boarding and/or Doggie Daycare

- Cascade Hospital for Animals agrees to keep the premises sanitary and properly enclosed. All dogs are handled and cared for by Cascade Hospital for Animals staff without liability on Cascade Hospital for Animals' part for loss or injury from disease, theft, fire, death, injury, or harm to persons, other pets, or property by said dog, or from other unavoidable causes. Cascade Hospital for Animals reserves the right to refuse any dog.
- The Owner is responsible for providing a vaccination record that their dog is current on vaccinations, including but not limited to, Rabies, Distemper/Parvo, Bordatella(within the last 6 months). The Owner affirms the dog is free from parasites as evidenced by a negative fecal test within the past 6 months. The Owner also agrees that if fleas are observed on their pet, Cascade Hospital for Animals will treat them with Capstar and the owner will be charged \$5.35.
- The Owner understands that any pet that is experiencing a change in routine, diet and environment may experience some discomfort from the stress in the form of vomiting or diarrhea. Cascade Hospital for Animals will have a doctor assess the symptoms and may prescribe medications to make a more enjoyable stay for your pet. Although the owner will not incur a physical exam charge, they will be responsible for the cost of the medications.
- The Owner acknowledges that if their dog is boarding longer than one night, Cascade Hospital for Animals requires that a clean-up bath is given at a nominal fee.
- The Owner acknowledges that if they pick up their pet after 3:00 PM, they will be charged an extended stay fee of \$10.00 to cover the cost associated with a late pick-up.
- The Owner understands that the dog may be involved in water play with a visit at The Crate Escape during warmer weather and may be returned to them damp from the day's activities.
- The Owner understands that sending a dog to any dog activity center, is similar to sending a child to school or walking through an airport, in that there is an increased risk of exposure to a communicable disease. In a doggie daycare environment, the upper respiratory viruses that cause Tracheobronchitis (kennel cough) are similar to the flu in humans, in that they contain a number of different strains. Although vaccinations are required to prevent such outbreaks, vaccines cannot protect against every strain, meaning there is still a chance that my pet may become ill. The Owner accepts this risk because it is outweighed by the benefits of having their pet play for the day.
- The Owner understands that citronella anti-barking collars, and/or "quiet time" will be used at the discretion of Cascade Hospital for Animals' staff for pets that make for a noisy playtime environment.
- The Owner further agrees that their dog may be used in any and all media and in the promotion, advertising, sale, publicizing, and exploitation of Cascade Hospital for Animals.



This waiver is valid through December 1st, 2011. A new waiver will be required after that date.

Pet's Name (First) (Last)

Owner's Signature

Date

Thank you for choosing Cascade Hospital for Animals for all of your pet's needs.