

# Ann Arbor Animal Hospital Standard Boarding Form

Food:  AAAH (Science Diet Adult/Light)  AM Dry: \_\_\_\_\_ cup(s)  
 OWN type: \_\_\_\_\_  PM Wet: \_\_\_\_\_ can

		Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
		AM	N	PM	AM	N	PM	AM	N	PM	AM	N	PM	AM	N	PM	AM	N	PM	AM	N	PM
Walk	Initials																					
Urine	(+ / -)																					
BM																						
Feed	Initials																					
Appetite	(G / N)																					
Meds	Freq	AM		PM	AM		PM	AM		PM	AM		PM	AM		PM	AM		PM	AM		PM

\_\_\_\_\_  
Drop off  
\_\_\_\_\_  
Pick up  
\_\_\_\_\_  
Weight

Additional Services (fees will apply, please circle your choices): Exam Vaccines HWT Nails Fecal AGE Bath

Do you authorize anyone else to exercise or pick-up your pet? Name: \_\_\_\_\_ Phone \_\_\_\_\_

Is your pet prone to any recurrent problems? \_\_\_\_\_ If yes, what? \_\_\_\_\_

\_\_\_\_\_ Though every attempt will be made to reach you, should problems arise in your absence, we will perform any necessary treatment to ensure your pet's good health. A change in hospital status may need to occur based on the veterinarian's medical assessment (***i.e. from boarding to medical boarding or hospitalization***). This would necessitate additional costs for medical treatment and nursing care. By initialing here you are agreeing to be responsible for these additional fees.

\_\_\_\_\_ I release the Ann Arbor Animal Hospital of all liability should my pet's life be lost due to unforeseen circumstances, including fire and natural catastrophe.

\_\_\_\_\_ I understand that if I neglect to call or pick-up my pet after five (5) days of the stated pick-up date, you may assume that my pet is abandoned. I understand the Ann Arbor Animal Hospital will take the standard legal steps with abandoned pets.

\_\_\_\_\_ I understand that if I pick up my pet during Emergency Service hours I will be assessed an Emergency Pick-up Fee of \$28.50

\_\_\_\_\_ ***I understand that payment is required in full upon release of my pet.*** \_\_\_\_\_ Emp. Int.

\_\_\_\_\_ ***I have read and fully understand Ann Arbor Animal Hospital's boarding policies***

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Emergency Phone Number: \_\_\_\_\_ or Responsible Party Name and Number: \_\_\_\_\_

