

Quail Ridge Animal Hospital

397 Mica Dr. Suite 18 Carson City, NV 89705

Ph: (775) 267-4888 / Fax: (775) 267-3337

Authorization for Boarding

Client's Name: _____ Phone Numbers: _____

Pet's Name: _____

Type of Pet: _____

Dates of Visit: _____

Emergency Contact: _____

Phone Numbers: _____

Proof of vaccines:

Is your pet current on vaccines: Yes (proof required) No, what vaccines does the guest need? _____

ALL common vaccines and an annual exam are required prior to Boarding at Quail Ridge Animal Hospital

Cost of services:

Canine

- Annual Exam \$38 (save \$11)
- Rabies - \$22 (required)
- DA2PP - \$22 (required)
- Lepto - \$22
- Bordetella - \$22 (required)
- Anal Glands - \$20
- Nail Trim - \$15

Feline

- Annual Exam \$38 (save \$11)
- Rabies - \$22 (required)
- FELV - \$35 (outdoor)
- FVRCP - \$22
- Anal Glands - \$20
- Nail Trim - \$15

Other procedures your pet(s) need while staying with us: (If pet will be sedated for a surgical procedure while boarding with us an Authorization for Anesthesia form must be completed:

Payment for All Services provided for your pet is due upon pick-up.

Our hours of operation are as follows: Monday - Thursday 7:30am-6:00pm / Friday: 7:30am-5:00pm / Saturday and Sunday: Closed
If your pet is picked up before 12:00pm (noon), you will **NOT** be charged for Day Boarding on the day of pick-up. _____

I understand that if overnight care is needed for my pet, Quail Ridge Animal Hospital does **NOT** have staff on site between the hours of 6:00pm-7:30am and my pet will be left unattended. An alternative emergency hospital for overnight care will be offered.

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay a deposit of the estimated fees, assume financial responsibility for the remaining fees and provide payment via cash, credit card or check at the time my pet is discharged from the hospital. **Should unexpected life-saving emergency care be required the staff _____has/_____has not my permission to provide such treatment and I agree to pay for such services.**

I have read and fully understand the terms and conditions set forth above:

Signature of Owner: _____ **Date:** _____

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Client's Name: _____

Pet's Name: _____

Date (drop off): _____

Date (pick up): _____

Phone Numbers: (1) _____ (2) _____ (3) _____

Boarding with play (\$20/night) _____

Boarding with medication (\$30/night) _____

FEEDING INSTRUCTIONS:

Type of food: _____

Free Feed

Feed _____ cups _____ times per day

Other: _____

MEDICATIONS:

Not on medication

Name of medication(s): _____

❖ Medication Instructions: _____

BELONGINGS (beds, toys, blankets, etc.):

SPECIAL NEEDS / PROCEDURES THAT NEED TO BE DONE:

Signature of Owner: _____ Date: _____