Hopi Animal Hospital Pet Resort Boarding Agreement

Name:		Breed:		<i>Color</i>		
Boarding Dates:		Suite Type:		@ \$	per night	
Please answer the follow	ving questions clearly	and completely so we can	provide the best	care to your p	et	
Emergency Information: Contact _			Phone #			
Contact _			Phone #			
I elect to be contacted through Ho *Boarding staff may send updates and/ members will not be able to communi	or pictures of your pet do	uring their stay if/when time a			and staff	
Feeding Instructions: Please provi	de complete instructio	ns. (If not completely filled	out, we will feed a	as we see fit)		
Food:	Amount:	How	Often:(per day)_			
Additional instructions:						
<u>Medication Instructions</u> : Please fil	l out below. (If not con	apletely filled out, we will m	edicate to the bes	t of our knowle	dge)	
Medication:	Dosage:	How often:	T	ime last given:	am/pm	
Medication:	Dosage:	How often:	T	ime last given:_	am/pm	
Medication:	Dosage:	How often:	T	ime last given:_	am/pm	
Medication:	Dosage:	How often:	T	ime last given:_	am/pm	
Belongings: Please list items being le	ft with your pet. Hopi A	nimal Hospital is not responsi	ible for items lost of	or destroyed.		
Is your pet current on vaccinations?	If not, see reverse side			YES	NO	
Has your pet ever been aggressive?	If yes, please explain:			YES	NO	
Would you like your dog in group p	olay?			YES	NO	
Would you like a FREE hydro-surge exit bath for your dog?				YES	NO	
Does your pet need any additional procedures to be done while boarding? ** Please notify receptionist. Additional paperwork may be required ** (Additional fees apply)				YES	NO	
Procedure?						
Additional Services: (Please initial	next to requested service	·)				
Toe Nail Trim \$32.00	Dremel Nails	Express Anal Gla	\$17 (req <i>Current</i> □	Flea/Tick Treatment \$17 (required every 30 days) Current Treated at home Date:		
E (C* 1						
For office use only:						

Date treated:____/___/____

Weight:____lbs

Flea/tick preventive: Frontline / Nexgard