

**Boarding Form Knoxville Animal Clinic, LLC 2017**

*\*Signature on back of page is required to board your pet.\**

**Owner Contact Information**

Your Name: \_\_\_\_\_ Animal(s) Name: \_\_\_\_\_

\*Check in date (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ **\*required**

\*Check out date (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ **\*required**

\*Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **\*required**

\*Alternate Phone # or Spouse Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **\*required**

*Please provide all phone numbers where we will be able to reach you while your pet is boarding.*

\*Email address: \_\_\_\_\_

*We must be able to reach you via cell or email in the event we need to discuss your pet's health while boarding. If you will have limited cell service while traveling, email address required.*

\*Does your pet need to be seen by a veterinarian while boarding? YES or NO

*\*If you circled YES, please also complete a **DROP OFF FORM**.*

\*Does your pet need a nail trim or anal gland expression while boarding? YES or NO

*\*If you circled YES, please indicate if you would like **nail trim, anal glands, or both**.*

\*Does your pet need a bath while boarding? YES or NO

*\*If you circled YES, please also complete a **GROOMING FORM**.*

**Medications to be given while boarding:**

1. MEDICINE: \_\_\_\_\_ DOSE: \_\_\_\_\_ Time: AM\_\_ Noon\_\_ PM\_\_

2. MEDICINE: \_\_\_\_\_ DOSE: \_\_\_\_\_ Time: AM\_\_ Noon\_\_ PM\_\_

3. MEDICINE: \_\_\_\_\_ DOSE: \_\_\_\_\_ Time: AM\_\_ Noon\_\_ PM\_\_

4. MEDICINE: \_\_\_\_\_ DOSE: \_\_\_\_\_ Time: AM\_\_ Noon\_\_ PM\_\_

**Diet preferences for your pet while boarding:**

*If you did not bring your pet's food, we will feed, at no extra charge, our in house food Science Diet Sensitive Stomach Dry (canine and feline) **OR** Science Diet Adult Small Bites (canine only).*

**\*\*Did you bring food for your pet while boarding? YES or NO**

*\*\*If you circled YES, please **complete diet section below**\*\*.*

**Diet/brand name of food brought with your pet(s):** \_\_\_\_\_

**Please feed my pet** \_\_\_\_\_ cups or cans every \_\_\_\_\_ hours

**How often (indicate normal time(s) you feed your pet)?** AM \_\_\_\_ Noon \_\_\_\_ PM \_\_\_\_

**Please list all items brought with your pet:** (For example, bed, toys, blankets, treats)

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**Boarding, Day Boarding, Drop Off, & Grooming Policies for KAC, LLC:**

All day boarding, boarding, and grooming animals are required to be up to date on vaccinations and free of parasites, fleas, and ticks. If your pet is not up to date on vaccinations and/or parasites, fleas, or ticks are detected on your pet, a physical examination, appropriate treatment, and/or vaccinations, will be given to your pet(s) and charged to your account.

**Required canine vaccinations for boarding, day boarding, and grooming include:** Rabies, Distemper, Parvovirus, Bordetella, and canine influenza H3N2/H3N8. **Required feline vaccinations include:** Rabies and Distemper. Examination by a veterinarian is required if your dog or cat needs to be vaccinated and/or if your pet is sick at the time of arrival. Fecal floatation will be performed if your pet has not been screened for internal parasites within 12 months prior to arrival date. Fecal floatation will be required if your pet is not currently receiving monthly internal parasite prevention. If your pet is displaying symptoms or is suspected of having an infectious disease, which could be transmissible to other animals in our clinic, arrangements to have your pet discharged or transferred to a referral facility may be required.

Clients must complete the required forms at the time of arrival. Forms must be completed by the owner with instructions including, but not limited to, medications, feeding instructions, personal belongings, grooming requests, and appointment requests for your pet to be seen by a veterinarian. If the forms are not completed, KAC, LLC cannot be responsible for giving or dispensing medication, feeding instructions, personal belongings, veterinarian requests, or grooming requests. Clients are required to leave a valid phone number where we can reach you during normal business hours in the event of an emergency or question regarding your animal.

Cancellation policy for boarding and grooming reservations requires a 24 - hour notice before arrival date. Cancellation fee for grooming is \$20. Cancellation fee of a 50% of your scheduled boarding reservation will apply and be charged to your account. There is no late fee to pick up your animal and can be picked up any time until 6:00 pm on scheduled departure date. If your plans change and you cannot pick up on the day of departure, please notify us immediately. For safety of our staff and security purposes, KAC, LLC does not allow after hours, holiday, or Sunday pick up for boarding animals or patients.

**KAC, LLC Day Boarding, Boarding, Drop Off, & Grooming Policies & Release for Treatment:**

**Release for treatment:** I the undersigned do certify that I am the owner, or authorized agent of the owner of this animal(s); that I hereby authorize Knoxville Animal Clinic, LLC, their agents and representatives, to perform medical or surgical procedures, physical examinations, anesthesia, x-ray, administer drugs, or other such treatment(s) as the veterinarian deems necessary while day boarding, boarding, and grooming patients. I agree to accept responsibility for the payment of all services rendered.

All day boarding, boarding, and grooming animals are required to be up to date on vaccinations, free of parasites, fleas, and ticks. If your pet is not up to date on vaccinations and/or parasites, fleas, or ticks are detected on your pet, a physical examination, appropriate treatment, and/or vaccinations, will be given to your pet(s) and charged to your account.

In the event this account is referred to an outside agency, credit reporting bureau, or attorney for collection, I agree to pay all attorney fees, collection costs, court costs, and/or any other expenses incurred during collection. I hereby state that I have read this release, that I understand the agreement and that I may request a copy of this agreement. I have read and understand all KAC, LLC policies and agree to terms as described above for boarding, day boarding, grooming and drop off patients.

**Signature Required:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_