



**Companion Animal Hospital of Wakefield**  
11021 Wakefield Commons Dr  
Raleigh, NC, 27614  
Ph: 919-488-5300  
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Email: info@wakefieldpetvet.com

### **Boarding Agreement**

Pet Name: \_\_\_\_\_  
 Boarding Dates: From: \_\_\_\_\_ Until: \_\_\_\_\_  
 Estimated Pick-Up Time: \_\_\_\_\_

#### **Feeding Instructions**

Choose one:

- Hospital Food
- Own Food: Name of food: \_\_\_\_\_

Amount per feeding:

Morning: \_\_\_\_\_  
 Evening: \_\_\_\_\_

Does your pet have food allergies?

- No
- Yes: Please explain: \_\_\_\_\_

#### **Medical Information**

Name and Date of Last Flea/Tick preventative: \_\_\_\_\_

Does your pet have any allergies, medical conditions or health concerns we should be aware of?

- No
- Yes: Please Explain: \_\_\_\_\_

Does your pet require any medications while boarding with us?

- No
- Yes: Please complete information below for each medication

Medication	Directions	Time Given	Next Dose Due
		<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	

\*\*\*Medication Administration fee of \$2.50 per administration (not per medication)

\*\*\*Insulin Fee of \$3.50 per injection

#### **Personal Belongings**

Please list and describe all personal belongings including leash and collar:

\_\_\_\_\_

\_\_\_\_\_

Please Note: We do our best to return all items however Companion Animal Hospital is not responsible for lost or damaged items.

## **Daycamp and Playtime**

Please fill in the number of sessions your pet will enjoy during their stay with us

### **Daycamp (Dogs only): \$19.50 per session**

Group play under counselor supervision (Mon-Fri)

Total Number of Sessions Requested: \_\_\_\_\_

Select which days:  Mon  Tues  Wed  Thurs  Fri

### **Playtime: \$13.50 per session**

20 minute individual outdoor play for dogs (Mon-Fri)

20 minute individual playtime for cats (Mon-Fri)

Total Number of Sessions Requested: \_\_\_\_\_

Select which days:  Mon  Tues  Wed  Thurs  Fri

## **Additional Services**

Please check all desired additional services

- Bath: Includes nail trim and ear cleaning  
<30lbs: \$35.00    31-60lbs: \$37.50    61-100lbs: \$40.00    >100lbs: \$60
- Add on nail dremel with bath: \$10.50
- Extra brush out with Bath: \$11.00
- Nail Trim only: \$21.00
- Nail dremel only: \$29.50

## **Boarding Care Policies**

### **Vaccine and Parasite Control**

- All boarding pets must be current on Rabies, Distemper, Canine Influenza (dogs only) and Bordetella (dogs only).
- Pets that are not current will require a physical exam and vaccination in order to board with us.
- Pets must also receive monthly flea control and have tested negative for intestinal parasites within the past year.
- If intestinal or ectoparasites (fleas) are found while boarding, treatment will be performed at the owner's expense.

### **Emergency Care**

- In the event of an emergency, our doctors will do their best to contact owners prior to treatment.
- Necessary emergency care will be provided if the owner is unable to be contacted in a timely manner.
- Owner will assume all financial responsibility for care received.

### **Adverse Events**

- Although we take every precaution to ensure pet health and safety, owner understands that boarding and daycamp come with inherent risks including but not limited to injury and illness.
- Owner also understands that this facility is not staffed overnight
- In the event of an adverse event, owner does not hold Companion Animal Hospital of Wakefield responsible.

Your signature below indicates that the above provided information is correct and that you understand and agree to our Boarding Care Policies.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number where you can be reached during their stay: \_\_\_\_\_