



A Total Care Facility  
Specializing in Surgery and Medicine for your pet

**12212 West Branch Crossing  
The Woodlands, Texas 77382  
Ph (832)813-7387 (PETS)  
Date:**

Client:  
Address:  
City, State:,  
Zip:  
Phone:

Pet:  
Species:  
Breed:  
Sex:  
Age:  
Color/ Markings: /

ALL BOARDING: \$29.00 PER NIGHT. HOLIDAY OR HIGH OCCUPENCY TIMES ARE \$45.00 PER NIGHT. Boarding sharing cost are at a reduced rate depending on occupancy. Boarding With Meds is \$4.00 extra per administration and during high occupancy time boarding with meds is \$6.00 per administration.

All boarders must be current on the following vaccines: Rabies, Distemper/Parvo combo (DAPP), Intra Trac, and Canine Influenza for dogs. Rabies, Feline Distemper (FVRCP), and Feline Leukemia or must show current status of testing negative within the past year. Dogs must also have had parasite screening within the past year (a fecal float and a heartworm test). It is the client responsibility to provide verification of the pet's vaccination history. If the history cannot be verified, Animal Hospital of The Woodlands will vaccinate at the client's expense, and your signature of this form verifies your consent.

Clients may bring the following for their pet:

**Food in individual baggies( no large bags)**

**Any medication needed must be brought in original bottle ( medicated animal are billed at a higher than normal boarding rate)**

**One toy ( no blankets or bedding, these are provided)**

**Animal Hospital of The Woodlands will make reasonable efforts to care for any belongings, but are not responsible for loss or damage of items. We do not recommend sentimental or unique personal items to be left during stay.**

A groom bath can also be given, providing there is space available with the Groomer, which include: shampoo, conditioner, rinse, brush, dry nail trim, ear cleaning and anal gland expression. (Please ask groomer for a quote)

If fleas are observed on your pet, a capstar will be given at your expense, This fee is \$11.00.

**DO YOU WANT YOUR PET TO RECEIVE:**

- Groom Bath or Groom?**
- Kennel Bath**
- Nail Trim ( If not deluxe bath)**

Is your pet on any medications?

If yes, what medications?

Are we feeding the hospital's food, or the owner's food?

How much and how often?

Did the owner bring any belongings with the patient?

Does this patient have any special needs, and if so, what?

There is a \$100.00 deposit required for all holiday boarding. The deposit must be paid at least 7 days prior to arrival. The deposit will be applied to the final boarding charges. The deposit is refunded if there is a 72 hour notice of cancellation. All Thanksgiving and Christmas boarders will be charged a minimum of 3 (days) regardless of stay.

Reasonable precautions are taken to prevent injury, escape or death. Animal Hospital of The Woodlands staff will not be held liable for any problems that may develop. I understand that any problems that develop with my pet(s) that are deemed a life threatening situation ( seizures, bloat, diabetic crash, etc.) will be treated by staff Veterinarian, and I **assume full financial responsibility for any expenses incurred.** If any non- life threatening problems develop ( stress diarrhea, hot spots, etc) the emergency number provided will be called prior to treatment. If we are unable to contact you, we will provide minimal treatment.

I agree to the statement as described above.

Sometimes an animal is very difficult to handle and requires licensed technician assistance. Animal Hospital of The Woodlands will notify the client if this is the case with your pet(s). Hard to Handle includes excessive aggression, biting, etc. the pets file will be marked "Hard to Handle" and a \$50.00 a day charge will be added each time your pet boards with Animal Hospital of The Woodlands. In addition, in the case of "hard to handle" animals we reserve the right to medicate at our discretion. those animal will be medicated in order to ensure the safety of our employees. The charges for medicating a hard to handle animal will be added to the final bill in addition to the \$50.00 charge.

I agree to the statement as described above.

Alternate Contact

Checked in By

Date:    Signature:



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