OAKBROOK ANIMAL HOSPITAL
PATIENT BOARDING FORM

Client Name: _____ **Pet Name**: _____

Boarding From: ____/____/____ **To:** ____/____/____ (Pick up time if known - AM or PM)

Emergency Telephone 1: _____ **2:**_____
In case we need to contact you, where are you traveling to (for time zone purposes) _____

Bath Prices:
0-10lbs: $25.00 **10-25lbs:** $30.00 **25-50lbs:** $36.00 **50-75lbs:** $43.00 **75-100lbs:** $47.00 **100lbs +:** $57.00

_____ **Initial here if you want your pet to receive a bath according to the prices stated above.**

_____ **Initial here if you authorize Oakbrook Animal Hospital to treat your pet if it becomes sick or injured while boarding and you understand that all charges will be placed on your account.**

I understand that Oakbrook Animal Hospital requires all pets to be current on vaccinations and have had a negative fecal exam within the last six months in order to stay at the hospital. If my pet(s) are not current on vaccinations and I have not shown proof that a licensed veterinarian has vaccinated my pet, I give consent for my pet(s) to be vaccinated by Oakbrook Animal Hospital. If parasites (ticks, fleas or intestinal worms are found on your pet while in our facility, they will be treated at your expense to prevent exposure to other pets. **If your pet requires medication while boarding, please bring it to the attention of the receptionist upon check-in.** I understand that I will be responsible for all charges when my pet(s) are picked up**.**

CANINE, Needs the following:
____ Rabies ____ Heartworm Test (optional)
____ Distemper ____ Lepto (optional)
____ Bordetella
____ Fecal Test ____ Nothing, Pet Current

FELINE, Needs the following:
____ Rabies ___ Nothing, Pet Current
____ Distemper
____ Fecal Test
____ Leukemia (optional)

BOARDING FEES: Canine $23 per night per pet Feline $19 per night per pet

Is your pet on any medications? Please list:_____
There will be a $2.00 per day up charge for medication administration OR for Special Needs Pets (i.e. diabetic with insulin, multiple medications, etc) there will be a $5.00 per day up charge.
Have they had their medications today? A.M. Dose P.M. Dose
How much/often does your pet(s) eat? _____
If boarding more than one pet, is it ok for them to be boarded together? Yes No
Other Services Needed: _____
Items Left With Pet: _____

I have read and understand this form and by my signature give Oakbrook Animal Hospital permission to take care of my pet as so directed. ***I also understand that payment is due at time of service.***

_____ _____
Signature **Date**

OFFICE USE ONLY: RUN SHARED RUN MEDIUM LARGE FELINE
$2 Med Admin Fee **$5 Special Needs Charge**