

**Pet Crossing Animal Hospital & Dental Clinic**  
10861 Bloomington Ferry Road  
Bloomington, MN 55438  
Phone: 952/ 884-8248 Fax: 952/ 884-7564

## **Boarding Authorization**

Date: \_\_\_\_\_ Client ID: \_\_\_\_\_

Client Name: \_\_\_\_\_ Patient Name(s): \_\_\_\_\_

Boarding dates: \_\_\_\_\_

Treatment Plan \_\_\_\_\_ \$ \_\_\_\_\_

### **Vaccines:**

If your pet did not receive his/her vaccines at this facility, you must show documentation that verifies current vaccinations. If any vaccinations are past due, your pet will be vaccinated before boarding for his/her protection. The cost for vaccines administered at this facility will be added to your invoice.

### **Diet:**

We will be pleased to feed a prescription diet or another commercial diet of your choice if you bring it with you. We ask that you do this as abrupt food changes may result in vomiting and diarrhea in some pets. If a food is not provided for your pet an appropriate one will be chosen by his/her Primary Care Physician and will be added to your invoice.

### **Medication:**

Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your invoice.

### **Statement of Kennel Policy:**

1. A full day's board is charged from the time a pet is checked into the hospital until noon the next calendar day. If a pet's check out occurs prior to noon, then a charge is not incurred for the day of the check out. \_\_\_\_\_(initial)
2. Pets must be picked up between regular business hours; Monday through Thursday 8:00am to 7:30pm, Friday 8:00am to 6:00pm and Saturday 9:00am to 2:00pm. Discharges after hours or on Sundays are not allowed. \_\_\_\_\_(initial)
3. I understand that personal items may be left with my pet at my own risk. Pet Crossing Animal Hospital & Dental Clinic will not be held responsible for loss or damage. \_\_\_\_\_(initial)



**Boarding Authorization  
(Continued)**

4. Pet Crossing Animal Hospital & Dental Clinic cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. I hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection and diarrhea. \_\_\_\_\_(initial)
  
5. I understand that should my pet present with a communicable disease/parasite during their stay (ie. fleas, internal parasites, ticks, kennel cough) they will be treated immediately and I will be billed for the services provided \_\_\_\_\_(initial)

Should the pet(s) identified on this record become ill or injured, I request that Pet Crossing Animal Hospital & Dental Clinic provide all medical/surgical treatment they deem necessary, with fees not to exceed \$\_\_\_\_\_. I acknowledge that in the event of my pet's illness, the staff at this veterinary facility may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or my pet's agent) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian..

**Fee Schedule**

Service	Type of Pet	Fee
Boarding	Dog	\$40.63 per day (w/tax)
Boarding	Cat	\$27.07 per day (w/tax)
Boarding	Ferret/Rabbit/Guinea Pig	\$27.07 per day (w/tax)

Boarding fees include daily care, the application of medications, if applicable, and walks and exercise.

I agree to make complete payment to Pet Crossing Animal Hospital & Dental Clinic at my pet(s) check out appointment. I certify that my pet appears to be free of contagious disease and has not bitten anyone within the past ten days. I understand that if I fail to pick up my pet, my pet will be handled in accordance with Minnesota state law, and that doing so does not relieve me of my financial obligations.

I have read the above and I am in full agreement.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

Contact Information:

Telephone # (Home) \_\_\_\_\_ Telephone # (Work) \_\_\_\_\_  
 Telephone # (Cell) \_\_\_\_\_ Telephone # (Other) \_\_\_\_\_

