

Bell Ridge Animal Hospital, Boarding, & Grooming

3539 W. Bell Rd., Ste. 4 Phoenix, AZ 85053 (602) 938-1982

STANDARD BOARDING	EES			
DOGS				
() STANDARD RUN (3' x 5')	\$34/DAY			
() LARGE RUN (5' x 6')	\$40/DAY			
() ADD'L DOG STANDARD RUN	\$18/DAY			
() ADD'L DOG LARGE RUN	\$21/DAY			
CATS () CAT CONDO 1 UNIT- 1 CAT (28' x 26' x 30')	\$22/DAY			
() ADD'L UNIT	\$22/DAY			
() ADMINISTER MEDS (MINOR) () MAJOR/INVOLVED- DR. TO QU				
ADMISSION DATE:				
CHECKOUT DATE:				
ESTIMATED CHECKOUT TIME:	AM/PM			
GROOMING SERVICES (additional fees apply)				

Please select one:

() HAIRCUT OR BATH AND BRUSH (PLEASE

COMPLETE PAGE 3)

() DECLINE GROOMING

Note: Guests scheduled for grooming on the day of departure will receive a complimentary day of boarding. Pet Stylists will call for pick once groom is completed

OFFICE USE ONLY:

() SCHEDULED GROOMING APPOINTMENT DATE/TIME OF APPOINTMENT

OWNER INFORMATION (required)	
Name:	Client ID #:
Name	CHCHC15 #1
Primary Phone:	Alternate Phone:
() Home () Cell () Work	() Home () Cell () Work
Authorization to receive text message	
EMERGENCY CONTACT (if other the	an owner)
Name:	Phone:
PRIMARY VETERINARIAN	
Name:	Phone:
	boarding for all pets (Rabies, DHPP, Bordetella for
PET 1 INFORMATION	
Name:	
Has your pet ever been boarded? () yes (Has your pet recently been exposed to con) no tagious disease <i>(i.e. Kennel Couqh)?</i> () yes() no
	on towards other people or pets? () yes () no
Is your pet a jumper, climber, or escape art	, , , , , , , , , , , , , , , , , , , ,
	a history of destructive behavior? () yes () no
Please describe any physical or medical issu	ues (include seizures, food allergies, separation
anxiety, etc): PLEASE LIST ANY CURRENT MEDICATIONS	
PLEASE LIST AINT CURRENT IVIEDICATIONS	AND DOSAGE:
, , , ,	gastroenteritis (upset stomach) when subjected to the refore we recommend you bring your pet's regular
stress of boarding and acute dietary change, their brand of food for their boarding stay.)	refore we recommeни уой онну уой: рес 3 гедале.
() FEED BELL RIDGE DIET- RC GI Low Fat fo	or Dogs OR RC Intestinal HE for Cats
() OWNER PROVIDED: BRAND NAME	
MEALS/DAY: ()ONE ()	
AMOUNT/MEAL (CUPS/CAN):	
PET 2 INFORMATION	
••••••	A
Name:	
, , ,) no tagious disease <i>(i.e. Kennel Cough)?</i> () yes() no
	on towards other people or pets? () yes () no
Is your pet a jumper, climber, or escape art	
Has your pet ever demonstrated or shown	a history of destructive behavior? () yes () no
Please describe any physical or medical issu	ues (include seizures, food allergies, separation
anxiety, etc):	
PLEASE LIST ANY CURRENT MEDICATIONS	AND DOSAGE:
	gastroenteritis (upset stomach) when subjected to the
stress of boarding and acute dietary change, the brand of food for their boarding stay.)	refore we recommend you bring your pet's regular
() FEED BELL RIDGE DIET- RC GI Low Fat fo	or Dogs OR RC Intestinal HE for Cats
() OWNER PROVIDED: BRAND NAME	
MEALS/DAY: () ONE ()	
AMOUNT/MEAL (CUPS/CAN):	

BOARDING & DAYCARE AGREEMENT

CHECK IN/OUT

BOARDING FACILITY HOURS- MONDAY THROUGH FRIDAY 7:30AM-7:00PM AND SATURDAY AND SUNDAY 8:00AM-3PM

We charge for the day your pet is admitted. If you check out prior to 12:00 noon on the scheduled release date, there is no charge for that day. If you are unable to pick up your pet as scheduled, please notify us of the new date and time as soon as possible. If pet is not picked up within 5 days of your scheduled pick up date, we will consider your animal abandoned and we will take action as stated by law.

PETS WILL NOT BE RELEASED AFTER REGULAR BUSINESS HOURS OR HOLIDAYS

PET'S BELONGINGS (PLEASE LABEL INDIVIDUAL ITEMS WITH YOUR NAME)

1.	2.
3.	4.
	Animal Boarding cannot be held responsible for belongings lost or damaged.
	r animals that are not destructive.
VACCIN	NATION POLICY
•	must be current. Vaccinations can be given at the time of admission, however, ecause maximal protection is not immediate and requires time for an immune
DOGS	CATS
DHPP (DISTEMPER/PARVO)	FVRCP (DISTEMPER/RESPIRATORY)
BORDETELLA	FELV (LEUKEMIA)
RABIES	*OR NEGATIVE TEST WITHIN PAST 12 MONTHS RABIES
	DE WRITTEN VERIFICATION OF CURRENT VACCINATIONS
	ND TICK POLICY
treat appropriately at the owner's expense.	or Frontline Gold. If infestation is found on any animal, we reserve the right to
	L ILLNESS POLICY
arise. If one of your pets becomes critically ill, we will call con	terinary hospital is veterinary attention is readily available should the need tact you or the emergency contact listed regarding your pet's symptoms, minor problem is noted, please indicate your wishes should your pet require
THIS INCLUDES A \$55 EXAM FEE, PLUS NON-ELECTIVE TREATMEN	SARY FOR THE BEST CARE OF MY PET UNTIL SOMEONE CAN BE REACHED. ITS AND NECESSARY DIAGNOSTICS (COST DEPENDS ON SERVICES NEEDED). O () OTHER \$, IN MEDICAL CARE FOR MY PET UNTIL SOMEONE CIFIC AUTHORIZATION IS GIVEN.
BOARDING D	DISCLAIMER/RELEASE
Warranties of Customer: The Customer warrants that:: (1) the Customer is the this Agreement; (2) all information provided to Bell Ridge Animal Hospital and received any and all inoculations and other veterinary treatments required by Animal Hospital or members of the public in the ordinary course of providing Hospital and its agents of any changes in the status or condition of the pets the Limitation of Liability, Reimbursement, and Indemnification: In the absence agents, Bell Ridge Animal Hospital and its agents shall not be liable for any los limited to) the theft, running away, injury or death of the pets. In the absence agents, the Customer is responsible for the behavior and conditions of the perindemnify Bell Ridge and its agents against any liability (whether in tort, contribute terms of this Agreement and any special written instructions provided by Illness and Emergency Situations: If a pet becomes ill, Bell Ridge Animal Hospital and its agents are hereby authorized to tall expense of the Customer.	the legal owner of the pets and will remain the legal owner at all times during the term of dits agents regarding the pets, whether written or oral, is correct; (3) the pets have y law; and (4) none of the pets pose an unreasonable danger to the agents of Bell Ridge services under this Agreement. The Customer agrees to notify Bell Ridge Animal nat would affect the obligations of this Agreement. To fintentional misconduct or gross negligence of Bell Ridge Animal Hospital or its experienced by the Customer during the term of the Agreement, including (but not e of intentional misconduct or gross negligence by Bell Ridge Animal Hospital or its ets and agrees to reimburse Bell Ridge Animal Hospital for any out-of-pocket costs, and tract, property, or restitution), arising from the provision of services in accordance with
OWNER OR AGENT OF PET(S)	DATE

WITNESS

Grooming Admission for Boarding

CLIENT	INFORMATION			
Pet's N	Name: Client Name:			
	-in Date: Check-out Date/Time:			
Circon	III Date Check-out Date, time			
Please	best describe the preferred haircut and style for your pet.			
1.	Haircut Length Left on the Body (inches):			
_	*Please refer to grooming shave chart located at our front desk			
,	Face.			
۷.	Face:*Example: "Teddy bear shaped head", "Schnauzer face", "long hair on muzzle"	e", "very sh	ort cut to muzzle", etc.	
3.	Ears:*Example: "Trim ears", "do not trim ears", "trim ears close to ear leather"			
	Example. Tilli cars, up not tilli cars, tilli cars aloss to the least.			
4.	Tail:			
5.	Bath and Brush Only ()			
J.	Nail trimming and ear cleaning is included			
6.	Courtesy Bandana/Bow(s): (Please select one)	YES	NO	
7.	Courtesy Fragrance: (Please select one)	YES	NO	
Are the	ere any skin allergies or medical or behavioral conditions your Po	et Stylist	should be aware of?	
ADDIT	IONAL SERVICES - please "X" any of the following additional ser	rvices you	would like	
Na	ail trimming and ear cleaning is included with all grooming services	S		
5.	Spa Package (\$15.00) includes teeth brushing and nail smoothi	ing: ()	
	Notice and the Control (642-00)			
6.	Nail Smoothing Only (\$12.00)	()	
7.	Teeth Brushing Only (\$8.00)	()	
8.	Shed-Less Package:			
	() X-Large Dogs (additional \$25.00)			
	() Large/Medium Dogs (additional \$15.00)			
	() Small Dogs/Cats (additional \$10.00)			
=	Considerations: There may be additional fees for de-matting or special handling. If the constitution of th	at requires e	xtensive de-matting that is deer	ned unsafe by