



**Schulhof**  
**Animal Hospital**  
 WELLNESS CENTER AND PET SPA

199 Post Road West  
 Westport, CT 06880  
 (203) 226-1231  
 schulhofanimalhospital.com

**HOSPITAL CANINE BOARDING REGISTRATION**

Boarding Dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - To - \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Level of Care:    **1**    **2**    **3**    **4**

Pet's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

<b>REQUIRED VACCINATIONS AND TESTS</b>	Rabies:	<input type="checkbox"/> Up To Date	<input type="checkbox"/> Due	Bordetella:	<input type="checkbox"/> Up To Date	<input type="checkbox"/> Due
	Distemper/Parvo:	<input type="checkbox"/> Up To Date	<input type="checkbox"/> Due	Fecal Exam:	<input type="checkbox"/> Up To Date	<input type="checkbox"/> Due

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Go Home Fresh Bath on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_       Play Times : \_\_\_\_\_

**FEEDING INFO**      Last Fed: \_\_\_\_\_

Name: \_\_\_\_\_ How Much: \_\_\_\_\_ How Often: \_\_\_\_\_

<b><u>MEDICATIONS</u></b>		
Name	Instructions	Last Given

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# CANINE BOARDING RULES & REQUIREMENTS

## CANINE VACCINATION & FECAL TESTING REQUIREMENTS

In order to protect your pet's health as well as other pet's that may be boarding we require that all pets be up to date on their vaccinations. Additionally we require dogs to have had a negative fecal exam within 90 days of their stay. If your dog has not had a recent fecal exam, we can collect a fecal sample and send it out for testing. If your dog's fecal exam is positive for parasites then your pet will be wormed as necessary and limited to walks in our outdoor runs so as to reduce the risk of transmitting parasites to our other boarders.

Proof of vaccinations and a recent fecal exam must be presented either before or at the time of drop-off. If you drop-off your pet without the required proof of vaccinations then your pet will be quarantined until proof of vaccination is provided. If your pet's vaccinations need to be updated, one of our doctors can update them while they are boarding. You will be charged for an office visit and whichever vaccines need to be updated.

Please be advised that if the Bordetella Vaccine is administered on the day your pet is dropped off, no guarantee can be made that your dog will not be at risk of catching Kennel Cough. It takes at least 3 to 5 days for the vaccine to become effective. We also recommend, but do not require, that you have your dog vaccinated for **Canine Influenza**, as this is a highly contagious disease that can cause serious illness and even death.

### REQUIRED DOG VACCINATIONS:

- Rabies
- Distemper/Parvovirus (or positive titer)
- Bordetella

## FLEAS

If a pet is found to have fleas, the owner will be notified and the pet will be **immediately quarantined and treated at the owner's expense**.

## BEDDING & PERSONAL BELONGINGS

Please **do not** bring personal belongings such as bedding, toys, etc. We do not leave toys in the accommodations with pets as they may become soiled, destroyed, and could pose a health risk. If you do bring personal belongings we cannot guarantee their return.

Additional bedding can be provided to your pet at your request. Please ask one of our Pet Care Coordinators for more information.

## AGGRESSIVE BEHAVIOR

Pets that become extremely aggressive or pose a danger to our staff will not be allowed to further utilize our boarding services. This is in order to protect your pet, our staff, and other pets that may be boarding.

## MEDICATIONS & SUPPLEMENTS

All medications must be in their **original containers**. We will not accept medications combined in food or not in their original containers. This is for the safety of your pet and so we can carefully monitor when your pet is medicated and by whom. This also enables us to stop a particular medication if medical complications arise. There is a flat rate of \$4 per day per pet for all medications and supplements that are administered.

## ANIMAL ABANDONMENT POLICY

In accordance with the General Statutes of Connecticut Title 49 Chapter 847 Section 49-70b, Schulhof Animal Hospital has the right to transfer abandoned animals to a nonprofit animal rescue or adoption organization. An animal shall be considered abandoned if the owner or keeper of such animal fails to retrieve the animal within five days of the date on which such owner or keeper was scheduled to retrieve the animal. Prior to transferring such animal, Schulhof Animal Hospital shall give notice of its intention to do so to the owner or keeper by trying to reach them at their last-known phone number(s) and at their last-known address by registered or certified mail, return receipt requested. Schulhof Animal Hospital will wait a period of ten days to elapse after the return receipt is returned before transferring such animal.

## SUNDAY DISCHARGES

Sunday discharges are offered between the hours of 3pm and 5pm Sunday evening. Sunday discharges **must be paid in advance** otherwise we will discharge your pet during normal business hours the following Monday. Please be reminded that we do not charge an additional fee for Monday boarding if the pet is picked up before noon on Monday. Sunday discharges are subject to availability, and are not offered during school holidays. **Clients who reserve a Sunday discharge but fail to arrive will be charged a no-show fee of \$30.00.**

We require a credit card imprint in the event additional services are rendered during your pets stay.

## RATES & FEES

I agree to pay the rates that are in effect at the time my pet is boarding at Schulhof Animal Hospital. I am aware that extra charges may be incurred and I agree to pay them at the time of pick-up. Examples of extra charges may include, but are not limited to: vaccinations, exams, flea treatments, baths, deworming, and/or quarantine boarding.

I understand that any charges will be paid at the time of release, in the event of payment default I will pay reasonable attorney's fees and costs of collection.

\_\_\_\_\_

Owner or Responsible Party

Date \_\_\_\_\_