

## “WHAT TO EXPECT” – Boarding > Day or Overnight

### Quail Corners Animal Hospital

1613 East Millbrook Road ♦ Raleigh, NC 27609 ♦ 919.876.0739

Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Pet: \_\_\_\_\_

.....

Thank you for scheduling a boarding reservation with us. The doctors and staff of Quail Corners Animal Hospital are very pleased to offer pet boarding for dogs and cats with a special focus on pets with medical conditions and special needs. Our team is available 24 hours a day to oversee your pet's needs. Pets with special concerns such as diabetes, cardiac disease, cancer, respiratory/pulmonary issues, seizure history, anxiety, thyroid concerns, etc., are special guests and require special attention.

**ARRIVAL AND DEPARTURE TIMES:** Anytime – Sunday-Saturday – between 7am and 11pm.

**WHAT TO BRING:** Medications and Specials Diets

- **Medications:** **MUST** be in their original drug containers and labeled for the individual pet
  - Medications arriving in secondary containers such as daily pill boxes or plastic bags will be returned to the owner and will not be accepted by the QCAH staff.
  - Medications should not be added to any food diet or pill pockets in advance.
- **Diets & Treats:** **MUST** be labeled with the pet's name and owner last name
  - Pet food may be pre-packaged into meal portions >> and **LABELED**
  - Treats and added ingredients such as cheese, vegetables, etc. >> must be **LABELED**
  - **NOTE:** Hospital provided food is **Hills Sensitive Stomach dry**. Any other food requirements requested (i.e.: wet food or prescription diet) will be added to your account and can be paid for at time of pick up.

**OTHER PERSONAL ITEMS:** Bedding, Toys, Chews, Bowls, Leashes/Collars/Harnesses and Carriers

- **PLEASE** – no bedding or blankets. We have plenty of bedding which we wash and dry on a daily basis. Not all pets are trustworthy with bedding – many chew and destroy bedding while boarding. Allow us to make your pet comfortable using our bedding. Pets who demonstrate a need to chew bedding will not have bedding provided.
  - **PLEASE** do not bring your pets most favorite toys or chews. They may not go home as they may become damaged, lost or misplaced.
  - **PLEASE** do not bring along bowls. We have a large supply in a wide-range of types and sizes. Allow us to select bowls for your pet and to wash them daily during the stay.
  - Collars, leashes and harnesses will be removed upon arrival and reserved until your pet departs for home. We prefer to walk all dogs with our own leashes. **\*\*Some Exceptions May Apply\*\***
  - Cat carriers may stay with us while you travel. We have limited spaces and cannot store dog-sized crates.
- .....

**FEES FOR SERVICES:** Boarding, Bathing, Grooming, Medication Administration, Veterinary Services

- **Overnight Boarding Fees:** are charged on a per night basis at midnight for each overnight stay.
- **Dayboard Fees:** are charged for stays up to 12 hours within a calendar day.
- **Bathing & Grooming Services:** both are available and require advanced scheduling. Fees may vary depending on the unique service, type and size of pet.
- **Medication Administration:** the veterinary technicians and veterinary assistants are happy to administer any necessary medications as directed by the pet owner. There is a fee per administration time. A cost estimate is available upon request.
- **Veterinary Services:** our veterinarians are pleased to provide wellness services such as annual exams, vaccinations and lab tests while our pet guests are boarding. Advanced scheduling is strongly recommended to insure available doctor time. Fees vary greatly depending upon the exact services requested. An individualized treatment plan will be prepared for the pet owner's review and approval.

**OTHER:** Pet sitters, Contact Information

- If you plan to have a friend, family member or pet sitter drop off or pick up your pet, please let us know who to expect. We need your permission to receive or release your pet family member. We would also need for you to fully complete our boarding agreement form – for each pet and for each stay. Payment in full is expected when our pet guests are checked out.
- **CONTACT INFORMATION: is very important!** Please provide multiple contact numbers and names of individuals responsible for making decisions in our absence. Please be sure that your emergency contacts are well-versed in your wishes and desires in the event of a pet medical emergency.

We are looking forward to caring for your pet. Please don't hesitate to share any questions or concerns. Our goal is to make your pet's stay comfortable for everyone!

**Thank you.**  
**The QCAH Team**



Chart #: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Quail Corners Animal Hospital  
24 Hour Emergency Care  
1613 East Millbrook Road ~ Raleigh, NC 27609 ~ 919-876-0739

**BOARDING AGREEMENT**

Today's Date: \_\_\_\_\_

Date of Pick Up: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

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

Feeding Instructions (Circle one):    Own    Hospital Provided\*    Last Meal (Circle One):    AM    PM

How much do you feed per meal? \_\_\_\_\_ How Many times per day (Circle One):    One    Two

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

	(check one)	Yes	No
Is your pet on medications? (If yes, please fill out medications page)			
Does your pet have an incision, sutures or staples?			
Has your pet been treated with flea/tick medication in the last 30 days?*			
Does your pet have a history of shredding/eating bedding?			
Is your pet afraid of thunderstorms?			
Does your pet have allergies? (If yes, please list in special instructions)			

\*If fleas/ticks are observed on your pet during boarding, treatment will be provided at your expense.

**Vaccination Policy:** To ensure the protection of all the pets under our care, the following must be up to date or administered while your pet is in our care.

**Dogs:** Rabies; Distemper/Parvo (DHPP); Bordetella

**Cats:** Rabies; FVRCP (Distemper)

**Other Services:** Are there other services we can provide while your pet is boarding with us? (Ask for pricing)

Please initial if you need one of these services.

Nail Trim\_\_\_\_\_

Rabies\_\_\_\_\_

Lepto/Leuk\_\_\_\_\_

Bath\_\_\_\_\_

Bordetella\_\_\_\_\_

Intestinal Parasite Test\_\_\_\_\_

Groom\_\_\_\_\_

DHPP/FVRCP\_\_\_\_\_

Heartworm Test\_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Chart #: \_\_\_\_\_

Pet: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Quail Corners Animal Hospital  
24 Hour Emergency Care  
1613 East Millbrook Road ~ Raleigh, NC 27609 ~ 919-876-0739

**Medication Information Form**

Medication #1

Name of Medication: \_\_\_\_\_

How often Administered:     1x Day     2x Day     3x Day Other: \_\_\_\_\_  
    With a meal      On an empty stomach Other: \_\_\_\_\_

Last time this medication was administered: \_\_\_\_\_

Medication #2

Name of Medication: \_\_\_\_\_

How often Administered:     1x Day     2x Day     3x Day Other: \_\_\_\_\_  
    With a meal      On an empty stomach Other: \_\_\_\_\_

Last time this medication was administered: \_\_\_\_\_

Medication #3

Name of Medication: \_\_\_\_\_

How often Administered:     1x Day     2x Day     3x Day Other: \_\_\_\_\_  
    With a meal      On an empty stomach Other: \_\_\_\_\_

Last time this medication was administered: \_\_\_\_\_

Medication #4

Name of Medication: \_\_\_\_\_

How often Administered:     1x Day     2x Day     3x Day Other: \_\_\_\_\_  
    With a meal      On an empty stomach Other: \_\_\_\_\_

Last time this medication was administered: \_\_\_\_\_

Medication #5

Name of Medication: \_\_\_\_\_

How often Administered:     1x Day     2x Day     3x Day Other: \_\_\_\_\_  
    With a meal      On an empty stomach Other: \_\_\_\_\_

Last time this medication was administered: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Chart #: \_\_\_\_\_

Pet: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Quail Corners Animal Hospital  
24 Hour Emergency Care  
1613 East Millbrook Road ~ Raleigh, NC 27609  
919-876-0739 Phone ~ 919-882-8018 Fax

**Medication Illness Policy**

One of the advantages of boarding your pet(s) in an animal hospital is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency number(s) listed below regarding your pet's symptoms, treatment options and estimate of additional costs. If no one can be reached; however, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition.

- Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and necessary diagnostics.
- I do have monetary limitations (not including regularly boarding charges). I authorize up to \$\_\_\_\_\_ in medical care until someone can be reached.
- Do not administer any medical treatment until specific authorization is given.

I have read and understand this agreement. I fully intend to pick up my pet on the specified date. If circumstances change, I will notify the hospital of the changes.

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_  
(Signature of responsible party)

\_\_\_\_\_  
(Date)