

**McKinney Animal Hospital**

4630 W Eldorado Pkwy  
McKinney, Texas 75070  
972-548-0749

**Boarding Care Information**

**CLIENT NAME:** \_\_\_\_\_

**PET NAME:** \_\_\_\_\_

**At McKinney Animal Hospital, we want you to enjoy your time away from home, confident with the knowledge that your pet is receiving the best of care during their stay. While we treat every pet as though it was our very own, we also understand that each of our guests have their own special personalities and unique needs.**

**Please help us to serve you and your pet better by answering the following questions:**

**PERSONALITY – SPECIAL NEEDS**

Have you ever boarded your pet before?  Yes  No

How was his/her attitude while boarding?

Loved it!  Contented  A little nervous  Stressed!

Should we provide bedding for your pet?  Oh yes!  No! They may try to shred or eat it!

Does your pet have any ongoing health or behavior issues we should know about?  None  Yes

Please explain \_\_\_\_\_

Does your pet experience anxiety over storm or weather conditions?  No  Yes

If so, how do you help your pet? \_\_\_\_\_

If your pet experiences any stress induced conditions, may our doctors treat with medication or change diet as necessary?  Yes  Yes, but please contact me  No

Is your pet micro-chipped and registered?  Yes  No

**FAMILIES**

If you are boarding more than one cat or dog:  Not applicable  
Do they board together?  Yes  No  
Do they eat together?  Yes  No  
May they exercise together?  Yes  No

**DIET AND EATING**

Does your pet normally eat well when away from home?  Yes  No

Do you want to be notified if your pet is not eating well?  Yes  No

May we supplement your pet’s diet to enhance appetite when necessary?  
 Yes  Yes, but please contact me  No

If your pet experiences stress induced stomach upset or diarrhea, may our doctors offer your pet a prescribed bland diet or medications as needed?  
 Yes  Yes, but please contact me  No

**MEDICATION**

- Is your pet on any ongoing prescription medications?  Yes  No
- If so, can you bring them in the original container?  Yes  No
- Does your pet take any "over the counter" medications?  Yes  No

If so, please explain \_\_\_\_\_

**NOTIFICATION – In order to follow your notification instructions, it is necessary that you leave us a good contact number, at check-in, where we can reach someone at all times.**

Under what conditions would you like us to notify you concerning your pet’ during their stay?

- If my pet seems anxious or unhappy.
- If my pet is not eating well, or their diet needs to be supplemented.
- If my pet experiences any health issues that require medical attention.
- It is not necessary to contact me. Treat my pets according to your doctor’s recommendations.
- I have a signed a Medical Power of Attorney on file outlining my specific wishes.
- Other \_\_\_\_\_

**IMPORTANT INFORMATION YOU SHOULD KNOW:**

- **FOR THE PROTECTION OF ALL PETS, ALL ANIMALS MUST BE CURRENT ON ALL VACCINATIONS AND FREE FROM INFECTIOUS DISEASES FOR A PERIOD OF 3 WEEKS:**  

<b>DOGS: RABIES</b>	<b>CATS: RABIES</b>
<b>NEGATIVE FECAL</b>	<b>FELINE DISTEMPER (RHINO, INFLUENZA, CALICIVIRUS)</b>
<b>BORDETELLA (KENNEL COUGH)</b>	<b>NEGATIVE FECAL</b>
<b>DISTEMPER/PARVO</b>	
- **WE ARE A PARASITE FREE FACILITY – FOR THE SAFETY OF ALL PETS, WE CHECK ALL OF OUR GUESTS FOR FLEAS AND TICKS UPON ARRIVAL AND TREAT IF NECESSARY.**
- **CHARGES ARE DETERMINED BY WEIGHT OF THE PET AT CHECK-IN AND FOR EACH NIGHT OF THEIR STAY:**  

<b>FELINE - \$14</b>	<b>DOGS: UP TO 25 lbs - \$17</b>	<b>26-50 lbs - \$20</b>	<b>51-100 lbs - \$25</b>
----------------------	----------------------------------	-------------------------	--------------------------

**(ALL RESERVED RUNS ARE CHARGED AT A RUN OR DOUBLE RUN RATE REGARDLESS OF SIZE OF PET.)**
- **AN ADDITIONAL MEDICATION ADMINISTRATION FEE OF \$1 - \$3 IS CHARGED DAILY BASED ON THE FREQUENCY OF MEDICATION GIVEN.**
- **PETS ARE DISMISSED ONLY DURING REGULAR OFFICE HOURS:**  
**MON-FRI: 7am – 6pm AND SAT: 8am – 12pm.**
- **PAYMENT IS DUE WHEN PETS ARE DISMISSED.**

**This document will be kept with your pet’s file and should be updated, as necessary, with any changes you would like to make.**

**Thank you for choosing McKinney Animal Hospital!**

Signature \_\_\_\_\_ Date \_\_\_\_\_