



# Bell Ridge Animal Hospital Boarding & Grooming

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

## STANDARD BOARDING FEES

### DOGS

- STANDARD RUN (3' x 5') \$31/DAY
- LARGE RUN (5' x 6') \$37/DAY
- ADD'L DOG STANDARD RUN \$16/DAY
- ADD'L DOG LARGE RUN \$19/DAY

### CATS

- CAT CONDO 1 UNIT- 1 CAT \$20/DAY  
(28' x 26' x 30')
- ADD'L UNIT \$20/DAY
- ADMINISTER MEDS (MINOR) \$5/DAY
- MAJOR/INVOLVED- DR. TO QUOTE

ADMISSION DATE: \_\_\_\_\_

CHECKOUT DATE: \_\_\_\_\_

ESTIMATED CHECKOUT TIME: \_\_\_\_\_ AM/PM

## GROOMING SERVICES *(additional fees apply)*

- HAIRCUT (ADDITIONAL FORM REQUIRED)
- BATH AND BRUSH
- FRAGRANCE AND BANDANA APPROVED  
(NO EXTRA CHARGE)
- DECLINE GROOMING

### ADD-ONS:

- DE-SHEDDING SERVICE (\$10-\$25)
- TEETH BRUSHING (\$8)

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

### OFFICE USE ONLY:

SCHEDULED GROOMING APPOINTMENT

DATE/TIME OF APPOINTMENT

## OWNER INFORMATION *(required)*

Name: \_\_\_\_\_ Client ID #: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
( ) Home ( ) Cell ( ) Work ( ) Home ( ) Cell ( ) Work

Authorization to receive text messages: ( ) Yes ( ) No

## EMERGENCY CONTACT *(if other than owner)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## PRIMARY VETERINARIAN

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

NOTE: We require proof of vaccinations prior to boarding for all pets (Rabies, DHPP, Bordetella for dogs and Rabies, FVRCP, FELV or negative test within past 12 months for cats).

## PET 1 INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Has your pet ever been boarded? ( ) yes ( ) no

Has your pet recently been exposed to contagious disease (i.e. Kennel Cough)? ( ) yes ( ) no

Has your pet ever bitten or shown aggression towards other people or pets? ( ) yes ( ) no

Is your pet a jumper, climber, or escape artist? ( ) yes ( ) no

Has your pet ever demonstrated or shown a history of destructive behavior? ( ) yes ( ) no

Please describe any physical or medical issues (include seizures, food allergies, separation anxiety, etc): \_\_\_\_\_

### PLEASE LIST ANY CURRENT MEDICATIONS AND DOSAGE:

DIET INFORMATION (Many pets can develop gastroenteritis (upset stomach) when subjected to the stress of boarding and acute dietary change, therefore we recommend you bring your pet's regular brand of food for their boarding stay.)

FEED BELL RIDGE DIET- RC GI Low Fat for Dogs OR RC Intestinal HE for Cats

OWNER PROVIDED: BRAND NAME \_\_\_\_\_

MEALS/DAY: ( ) ONE ( ) TWO

AMOUNT/MEAL (CUPS/CAN): \_\_\_\_\_

## PET 2 INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Has your pet ever been boarded? ( ) yes ( ) no

Has your pet recently been exposed to contagious disease (i.e. Kennel Cough)? ( ) yes ( ) no

Has your pet ever bitten or shown aggression towards other people or pets? ( ) yes ( ) no

Is your pet a jumper, climber, or escape artist? ( ) yes ( ) no

Has your pet ever demonstrated or shown a history of destructive behavior? ( ) yes ( ) no

Please describe any physical or medical issues (include seizures, food allergies, separation anxiety, etc): \_\_\_\_\_

### PLEASE LIST ANY CURRENT MEDICATIONS AND DOSAGE:

DIET INFORMATION (Many pets can develop gastroenteritis (upset stomach) when subjected to the stress of boarding and acute dietary change, therefore we recommend you bring your pet's regular brand of food for their boarding stay.)

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MEALS/DAY: ( ) ONE ( ) TWO

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. \_\_\_\_\_

*Guests are welcome to bring toys or blankets, however, Bell Ridge Animal Boarding cannot be held responsible for belongings lost or damaged. We provide bedding for animals that are not destructive.*

## VACCINATION POLICY

To ensure the protection of all our guests, the following vaccinations must be current. Vaccinations can be given at the time of admission, however, we **strongly** recommend they be administered prior to admission because maximal protection is not immediate and requires time for an immune response.

### DOGS

DHPP (DISTEMPER/PARVO)  
BORDETELLA  
RABIES

### CATS

FVRCP (DISTEMPER/RESPIRATORY)  
FELV (LEUKEMIA)  
\*OR NEGATIVE TEST WITHIN PAST 12 MONTHS  
RABIES

**IT IS THE OWNER'S RESPONSIBILITY TO PROVIDE WRITTEN VERIFICATION OF CURRENT VACCINATIONS**

## FLEA AND TICK POLICY

As preventative measure, all dogs will be treated with K9 Advantix II or Frontline Gold. If infestation is found on any animal, we reserve the right to treat appropriately at the owner's expense.

## MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet associated with a veterinary hospital is veterinary attention is readily available should the need arise. If one of your pets becomes critically ill, we will call contact you or the emergency contact listed regarding your pet's symptoms, treatment recommendations, and cost. If no one is reached, or if a minor problem is noted, please indicate your wishes should your pet require attention. **Please select ONE of the following:**

- ( ) PLEASE PERFORM ANY SERVICES THE DOCTOR DEEMS NECESSARY FOR THE BEST CARE OF MY PET UNTIL SOMEONE CAN BE REACHED. THIS INCLUDES A \$55 EXAM FEE, PLUS NON-ELECTIVE TREATMENTS AND NECESSARY DIAGNOSTICS (COST DEPENDS ON SERVICES NEEDED).
- ( ) I AUTHORIZE UP TO (CHECK ONE): ( ) \$150.00 ( ) \$300.00 ( ) OTHER \$ \_\_\_\_\_, IN MEDICAL CARE FOR MY PET UNTIL SOMEONE CAN BE REACHED.
- ( ) DO NOT ADMINISTER ANY MEDICAL TREATMENTS UNTIL SPECIFIC AUTHORIZATION IS GIVEN.

## BOARDING DISCLAIMER/RELEASE

**Warranties of Customer:** The Customer warrants that:: (1) the Customer is the legal owner of the pets and will remain the legal owner at all times during the term of this Agreement; (2) all information provided to Bell Ridge Animal Hospital and its agents regarding the pets, whether written or oral, is correct; (3) the pets have received any and all inoculations and other veterinary treatments required by law; and (4) none of the pets pose an unreasonable danger to the agents of Bell Ridge Animal Hospital or members of the public in the ordinary course of providing services under this Agreement. The Customer agrees to notify Bell Ridge Animal Hospital and its agents of any changes in the status or condition of the pets that would affect the obligations of this Agreement.

**Limitation of Liability, Reimbursement, and Indemnification:** In the absence of intentional misconduct or gross negligence of Bell Ridge Animal Hospital or its agents, Bell Ridge Animal Hospital and its agents shall not be liable for any loss experienced by the Customer during the term of the Agreement, including (but not limited to) the theft, running away, injury or death of the pets. In the absence of intentional misconduct or gross negligence by Bell Ridge Animal Hospital or its agents, the Customer is responsible for the behavior and conditions of the pets and agrees to reimburse Bell Ridge Animal Hospital for any out-of-pocket costs, and indemnify Bell Ridge and its agents against any liability (whether in tort, contract, property, or restitution), arising from the provision of services in accordance with the terms of this Agreement and any special written instructions provided by the Customer.

**Illness and Emergency Situations:** If a pet becomes ill, Bell Ridge Animal Hospital or its agents shall apprise the Customer of the condition to obtain further instructions using the last contact information provided by the Customer; provided however, that if the Customer cannot be reasonably contacted in a timely manner, Bell Ridge Animal Hospital and its agents are hereby authorized to take whatever action is necessary to protect the health and welfare of the pet at the expense of the Customer.

**I UNDERSTAND THERE WILL NOT BE PERSONNEL ON THE VETERINARY MEDICAL PREMISES ON A 24 HOUR BASIS WITH MY ANIMAL**

\_\_\_\_\_  
OWNER OR AGENT OF PET(S)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS