

# Heilmeier's Bed and Biscuit

Thank you for choosing **Heilmeier's Bed and Biscuit** for your pet's boarding needs. For your dogs comfort you may choose from runs or luxury suites. Please initial by the room of your choice.

\_\_\_\_\_ **Run \$20.00** per dog per day.

Each additional dog sharing the same run is an additional **18.00** a day. (Animal Medical Center clients receive an additional discount.)

\_\_\_\_\_ **Suite \$30.00** per dog per day.

Each additional dog sharing the same suite is an additional **20.00** a day. (Animal Medical Center clients receive an additional discount.)

**Checkout time for weekdays is 1:00 pm & weekends are 7:30 am to 8:30 am.**

**All checkouts after these hours will be charged for a full day.**

**Beds** are provided for your dog's comfort. If you do not wish for your dog to have a bed, please let us know. We may ask for reimbursement for any bed destroyed by your dog. Replacement cost can be up to \$50.00.

**Required:** Dogs must be current on **Distemper/Parvo, Bordetella (kennel cough), and Rabies**. We must also have a current **intestinal parasite exam**. Cats must be current on **Felv, FVRCP and Rabies**. All pets **MUST** be flea free. All pets will be administered a **Capstar** for our facility to maintain our flea free facility status. This is a **\$4.00** charge that will be applied to your bill.

**Baths** are given at the request of the owner. Our bather starts at 8:00 am so if you are picking up early, please notify us. Weekend pickups will receive their bath on Friday.

**Emergency:** Should an emergency occur during your pet's stay with us, your pet will be treated at Dr. Heilmeier's discretion. Please feel free to leave an emergency number with us.

PLEASE READ THE FOLLOWING AND CHECK IN, FILL IN THE BLANK, OR SIGN WHERE INDICATED:

- Does your pet have any allergies or allergic reactions to food, vaccines, or medications? If yes:  
\_\_\_\_\_
- My pet has the following possessions: \_\_\_\_\_
- How do you feed your pet at home?
  - Amount to be fed: \_\_\_\_\_ How often: \_\_\_\_\_
  - Did you bring your pet's food? Yes \_\_\_\_\_ No \_\_\_\_\_
  - Name of food: \_\_\_\_\_
- Is your pet on medication? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, please give instructions on how to give meds below.
  - Name of meds \_\_\_\_\_
  - Instructions \_\_\_\_\_
  - Last dose given \_\_\_\_\_

## Phone Numbers:

Numbers I can be reached at while my pet is boarding: \_\_\_\_\_

**By signing this form I acknowledge that I understand Animal Medical Center's requirements, recommendations, and additional charges for my pet's stay.**

Print Name: \_\_\_\_\_

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