

ELMHURST ANIMAL CARE CENTER
850 S. RIVERSIDE DRIVE
ELMHURST, IL 60126
(630) 530-1900



We are sure _____ will have an enjoyable stay with us. Please take a moment to read the following information. **We will keep this form on file for reference, so that you will not be inconvenienced upon dropping your pet(s) off for boarding in the future.**

1. Pets are required to have **current vaccinations** (within the last year) and a **fecal** test (stool sample). For dogs and cats, this includes Rabies and Distemper/Parvo/Corona virus. Bordetella vaccine is required every 6 months (kennel cough). Verification of vaccination history is required prior to leaving the animal in our care. If it is determined that vaccinations are needed, you hereby grant permission to vaccinate your pet(s).
_____(initials)
2. We cannot guarantee the return of **personal items**, such as blankets or toys. These items are furnished free of charge by Elmhurst Animal Care Center to all boarders during their stay. _____(initials)
3. In the event of a **medical emergency**, treatment will be given and a reasonable effort will be made to contact you at the emergency number you have provided. Daily monitoring of pets by staff is included in routine care. _____(initials)
4. Animals that are in our care are checked daily by our veterinary assistants. If you would like your animal checked by a veterinarian there will be an additional charge. _____(initials)
5. I realize that despite the hospital's best efforts, intestinal upsets (vomiting/diarrhea) are common in boarded animals due to the change of environment. In addition, we do require that all animals have the Bordetella vaccination to prevent kennel cough. However, despite these efforts, this cough may still develop in some animals. If your pet experiences any of these symptoms after their stay with us, please notify us immediately as most of the time these conditions are not serious and easily treated. _____(initials)
6. Due to the fact we can not control the flea/tick population outdoors, we highly recommend Frontline treatment at least 24 hours prior to boarding _____(initials)
7. It is your responsibility for instructing the receptionist of ANY medical issues that the DVM should be aware of regarding your pet while it is being boarded. _____(initials)
8. While boarding your pet will be monitored closely by our staff. However, due to the nature of boarding certain conditions are beyond our control and we cannot be held responsible. Any medications necessary will be at the owners expense.

If someone other than the owner will be picking the pet(s) up from boarding, please indicate the name of the person here: _____ . Please understand that we assume the person who picks up the pet(s) does so with the owner's permission, and therefore we do not require identification.

I have read the above information, and understand the requirements for leaving my pet(s) in the care of ELMHURST ANIMAL CARE CENTER.

X _____ **Date** _____

