

Alford Avenue Veterinary Hospital 2017
Reptile Boarding Registration

Client's name _____ Pet's name _____
Species _____ Color/Markings _____
Pet's gender: ☐ Male ☐ Female ☐ Unknown

Does your pet have any behavioral problems we should be aware of? _____

Emergency contact and number _____

Diet*

- ☐ Protein (worms, crickets, etc.) _____
☐ Veggies _____
☐ Supplements _____

*If not provided we will purchase for you and charge cost plus \$10.00

Feeding Schedule

- ☐ Twice daily (AM/PM)
☐ Once daily AM
☐ Once daily PM
☐ Other _____

Medication

I have provided my own medications ☐ yes ☐ no ☐ n/a

Medication Name _____	Strength _____	Dose _____	Times per day _____
Name _____	Strength _____	Dose _____	Times per day _____

Housing

- ☐ Brought enclosure from home
☐ Using AAVH equipment

In order to provide your pet with the most consistent and least stressful stay please provide the following:

Normal temperature: Hot side _____ Cool Side _____

Humidity: _____

Lighting type(s) and scheduled use: _____

Substrate (sand, repti carpet, newspaper/paper towels, etc.): _____

How often do you soak? _____ Last date soaked? _____

Mist? _____ Last date misted? _____

Permission to treat: Should my pet(s) become ill, an Alford Avenue veterinarian may provide all medical and surgical treatment deemed necessary in the doctor's professional judgment. I acknowledge that in the event of my pet's illness, the Alford Avenue staff may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expenses associated with treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian. **If my pet has a serious illness or injury that becomes critical during my absence, I want the doctors to:** ☐ Resuscitate my pet ☐ Do not resuscitate my pet. I agree to and understand this policy.

Client's signature _____

Date _____

Boarding Fees Prices for 2017

- ☐ \$14 per night boarding
☐ \$2 per day to administer medications once a day
☐ \$4 per day to administer medications twice a day
☐ \$10 for a nail trim