

**WHEATON ANIMAL HOSPITAL**  
266 ROOSEVELT ROAD  
GLEN ELLYN, ILLINOIS 60137  
(630) 665-1500



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, this includes Rabies, Distemper/Parvo/Corona virus, Bordetella (kennel cough), and Influenza. We require cats to have current Rabies and Distemper vaccinations. 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. An additional charge of \$4.00 per day is added to the regular fee for boarding three days prior to, including, and three days after a **holiday**. Special hours of business may apply during holidays. \_\_\_\_\_(Initials)
3. We cannot guarantee the return of **personal items**, such as blankets or toys. For your dogs safety no rawhides, pig ears, or any chew toy will be permitted. If your animal does need a chew toy we will provide safe rawhides or toys. These items are furnished free of charge by Wheaton Animal Hospital to all boarders during their stay. \_\_\_\_\_(Initials)
4. 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)
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. 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 cannot control the flea/tick population outdoors we highly recommend Frontline treatment be applied before boarding \_\_\_\_\_(Initials)

**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 Wheaton Animal Hospital.**

X \_\_\_\_\_  
(Name) (Date)