



Grooming, Lodging, & Daycare 253-863-2258 WWW.SUMNERVET.COM

Date: _____

Client: _____

ID#: _____

Pet(s): _____

Regular Veterinarian: _____

Canine Accommodations

Days	Fees	Total		
	1-49#	50-89#	90# & up	
Standard	20.00	23.00	28.00	_____
Deluxe-individual play	27.00	30.00	34.00	_____
Deluxe-group play	25.00	28.00	32.00	_____
Pampered-individual	33.00	36.00	40.00	_____
Pampered-group play	31.00	34.00	38.00	_____
Puppies under 6 months	29.00			_____
Daycare screening	10.00			_____
All day daycare				_____
After hours/holiday	25.00			_____
Other				_____
Play request: _____				
<input type="checkbox"/> Waiver signed for group play in play yard or at daycare.				
Grooming Code _____				
<input type="checkbox"/> Groom scheduled Total _____				
<input type="checkbox"/> Daycare scheduled				
<input type="checkbox"/> Lodging Dismissal scheduled				
<input type="checkbox"/> Training Scheduled				
<input type="checkbox"/> Other Scheduled				

Accommodation fees are charged per calendar day regardless of the time the pet is admitted or released.

- If the pet is groomed while lodging, a \$10 discount is given.
- A 10% lodging discount is provided for 12 days or longer. One or multiple pets may comprise the 12 days. (Example: 4 pets for 3 days)
- Additional fees apply for aggressive pet handling.

Veterinary Services

Exam	52.00	Vaccine Exam	45.00
DA,PP	25.00*	Rabies	25.00*
Bordetella	25.00*	Fecal	30.00*
Other veterinary services requested: _____			
Pet _____	Vaccines UTD	<input type="checkbox"/>	
Pet _____	Vaccines UTD	<input type="checkbox"/>	
Total	_____		

*Vaccines & an annual fecal test are required for lodging.
 Sumner Veterinary Hospital exam required for vaccines to be administered.
 Dogs using daycare or group play services must have a fecal test performed.

Estimated fee total _____

Deposit _____

Standard lodging - Provides for healthy adult dog lodging

Water at all times, fresh bedding daily, music, dogs taken out for eliminations, premium diet fed

Deluxe lodging - Provides for extra activity and attention

All services provided with standard lodging, extra-soft padded bedding provided for geriatric dogs, playtime daily-may elect individual or group play, administration of medications if needed

Pampered lodging - Provides dogs with the ultimate lodging experience, plenty of activity and one-on-one attention

All services provided with deluxe lodging, group play or twice-daily personalized playtime, kong toy stuffed with treats daily

Puppy lodging (under 6 months) - Provides puppies with plenty of activity and social interactions

Playtime with other puppies twice daily, safe chew toys and treats provided throughout the day

I understand that by placing my dog in a communal environment with other dogs I am placing my pet at risk for Kennel Cough, Canine Parainfluenza Virus and other respiratory viruses. Kennel cough, or infectious tracheobronchitis, is a (very) contagious dog illness. The symptoms of the illness include harsh coughing and dry hacking, vomiting from excessive snorting, sneezing, gagging and related respiration issues.

Exercise, excitement and slight pressure to the trachea can set off an episode.

I further understand that this risk is not a result of the care or facility provided by Sumner Veterinary Hospital and agree to pay all fees associated with medical care as deemed necessary by Sumner Veterinary Hospital.

I am the owner or the agent of the owner of the above-named animal.

I understand that if my pet is found to have parasites (fleas, ticks or intestinal parasites) my pet will be treated at my expense.

Sumner Veterinary Hospital is not responsible for damaged or lost personal items left with my pet.

I understand all fees are due and are to be paid in full when my animal is released. Should the account be referred to a collection agency or an attorney, I agree to pay attorney's fees, collection costs and other costs of litigation.

I understand that if an owner refuses to pay the agreed-upon charges or does not claim his/her pet(s) on the due-out date, the animal will be considered abandoned and dealt with pursuant to Washington State Law (Chapter 16.54).

I understand that if my pet becomes ill/injured while boarding, medical care will be provided and I am responsible for all medical fees incurred, Sumner Veterinary Hospital will attempt to contact your emergency number after initial exam and diagnostics. Please indicate which level of care you prefer.

Check one

Provide limited care, but do not exceed \$_____. (min. \$52)

OR

Provide care as deemed necessary by the veterinarian on duty.

Pick up date & estimated time: _____

Owner's Signature _____ Phone: _____

Email: _____

Contact in case of emergency:

_____ Phone: _____

Agent authorized by owner to pick up pet. (Requires pre-payment of lodging fees.)

Person's Name _____ Phone: _____

Business Hours: Monday - Friday 6:00 a.m.-7:00 p.m. Saturday & Sunday 6:00 a.m. - 6:00 p.m.
 After Hours: Pick-up and drop-off is \$25.00 on holidays and outside the hours listed above. No pick-up after 10:00 p.m.

Lodging representative: _____