

**BOARDING FORM**

CLIENT'S NAME \_\_\_\_\_ PET'S NAME \_\_\_\_\_

**PART I – FEEDING AND SERVICE NEEDS**

I WILL PICK UP MY PET ON \_\_\_\_\_ AT \_\_\_\_\_ (DATE/TIME)

WHO IS AUTHORIZED TO PICK UP YOUR PET? \_\_\_\_\_

I BROUGHT MY PET'S OWN FOOD  YES  NO

MY PET IS ON A SPECIAL DIET \_\_\_\_\_

MY PET EATS (please circle one)    AM ONLY            PM ONLY            AM AND PM            AT WILL (FREE FEED)

MY PET EATS \_\_\_\_\_ (AMOUNT AT EACH FEEDING TIME)

MY PET'S NEXT FEEDING IS AT \_\_\_\_\_ (DATE/TIME)

MY PET NEEDS A BATH, BRUSH OUT AND NAIL TRIM (FOR AN ADDITIONAL COST)

MY PET NEEDS A NAIL TRIM ONLY (FOR AN ADDITIONAL COST)

I HAVE PRE-ARRANGED GROOMING WITH OUR GROOMER (FOR AN ADDITIONAL COST)

MY PET NEEDS AN EXAMINATION (PLEASE SPECIFY) \_\_\_\_\_

I AM LEAVING THE FOLLOWING ITEMS WITH MY PET (USE SPACE PROVIDED BELOW FOR ITEMS) ALTHOUGH WE TRY TO MAKE SURE YOUR PET GOES HOME WITH WHAT HE/SHE CAME WITH, WE ARE NOT RESPONSIBLE FOR LOST ITEMS OR ITEMS LEFT HERE WHILE BOARDING.

\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST PRE-EXISTING CONDITIONS OR OTHER SPECIAL INSTRUCTIONS (USE SPACE PROVIDED FOR NOTES)

\_\_\_\_\_  
\_\_\_\_\_

**PART II – MEDICATIONS**

MY PET IS ON MEDICATION (PLEASE SPECIFY MEDICATIONS, DOSES AND WHAT THE NEXT DOSAGE TIME IS)

MEDICATION NAME & STRENGTH	INSTRUCTIONS	TIME NEXT DOSE DUE

CAPEWAY VETERINARY HOSPITAL

IS YOUR PET ON HEARTWORM PREVENTATIVE?  NO  YES TYPE \_\_\_\_\_ DATE OF LAST DOSE \_\_\_\_\_

IS YOUR PET ON FLEA OR FLEA/TICK PREVENTATIVE?  NO  YES TYPE \_\_\_\_\_ DATE OF LAST DOSE \_\_\_\_\_

I UNDERSTAND MY PET WILL BE TREATED FOR ANY INTERNAL/EXTERNAL PARASITES NOTICED WHILE BOARDING AT MY EXPENSE.

PART III – EMERGENCY INFORMATION

IN CASE OF EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ANY PROBLEMS THAT DEVELOP WITH MY PET WILL BE TREATED AS DEEMED NECESSARY BY THE STAFF VETERINARIANS, DO YOU WANT THE EMERGENCY CONTACT TO BE NOTIFIED IF THIS HAPPENS?  NO  YES

REASONABLE PRECAUTIONS WILL BE USED AGAINST INJURY, ESCAPE, OR DEATH OF THIS PET. CAPEWAY VETERINARY HOSPITAL AND STAFF WILL NOT BE HELD LIABLE FOR PROBLEMS THAT DEVELOP PROVIDED REASONABLE CARE AND PRECAUTIONS ARE FOLLOWED. I UNDERSTAND ANY PROBLEMS THAT DEVELOP WITH MY PET WILL BE TREATED AS DEEMED NECESSARY BY THE STAFF VETERINARIANS AND I ASSUME FULL RESPONSIBILITY FOR THE TREATMENT AND EXPENSE INVOLVED.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Billing Policy:**

Billing begins on the day the pet is dropped off. Pets discharged after 3pm, will be charged for that day. Pets requiring medication will be charge an additional administration/nursing care fee(s).

**Vaccines:**

In order to protect the health of your pet, this facility requires that all boarding dogs have current rabies, DHPP, and *Bordetella* (Kennel Cough) vaccines, and cats have current rabies and DRC vaccines.

<b>FOR OFFICE USE ONLY</b>	
<u>EXPIRATION DATE</u>	STAFF INITIALS
DHPP/DRC _____	_____
DHP _____	_____
PARVO _____	_____
RABIES _____	_____
KENNEL COUGH _____	_____
IS THE PET BEING DISCHARGED AFTER HOURS? IF YES, DAY _____	
TIME (please circle one) 9:30am or 7:00pm	