CAPEWAY VETERINARY HOSPITAL

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)

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<th>MEDICATION NAME &amp; STRENGTH</th>
<th>INSTRUCTIONS</th>
<th>TIME NEXT DOSE DUE</th>
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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.

FOR OFFICE USE ONLY

EXPIRATION DATE  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