



<Last-name>, <First-and-spouse> (<number>) <Animal>

<date>

Boarding Staff Check in Initials: \_\_\_\_\_

### Cat Boarding Check-In

- How is your pet doing?

Weight: \_\_\_\_\_

Eating/Drinking: \_\_\_\_\_

Any Vomiting/Diarrhea/Coughing/Sneezing: \_\_\_\_\_

Any other concerns? \_\_\_\_\_

**Own or Kennel Food**                      **Food Allergies?** \_\_\_\_\_

Feeding Instructions \_\_\_\_\_ AM \_\_\_\_\_ Lunch \_\_\_\_\_ PM

\_\_\_\_\_

\_\_\_\_\_

Has your pet already eaten breakfast (**Y or N**), lunch (**Y or N**), or dinner (**Y or N**)?

Medications: \_\_\_\_\_

\_\_\_\_\_

### Vaccinations - Up-to-date? **Y or N**

Rabies (\$27) \_\_\_\_\_

FVRCP (\$27) \_\_\_\_\_

### Prices and Extra Services

- Basic cat boarding (\$28/ night)
- Nail trim (\$28) \_\_\_\_\_
- TLC time (\$13 each) \_\_\_\_\_
- Catnip (\$3) \_\_\_\_\_
- Fortiflora (\$2.25/ packet) \_\_\_\_\_

- Please verify that the pick-up time, feeding, medication instructions, and emergency information are correct. \_\_\_\_\_

- I understand that if I pick up my pet before 1:00pm on Monday through Saturday I will not be charged for that day. \_\_\_\_\_

- I am aware of the closing time on Saturday (1pm). \_\_\_\_\_

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_



<Last-name>, <First-and-spouse> (<number>) <Animal>

<date>

**Veterinary care pre-authorization**

Boarding can be very stressful for pets, and they may benefit from anti-anxiety medication during their stay or may require veterinary care if they develop an illness.

**Please initial any services you are willing to pre-authorize:**

Anti-anxiety medication does not require an exam if your pet has been seen by one of our veterinarians within the past year:

\_\_\_\_\_ Gabapentin: \$26-35

A physical exam performed by one of our veterinarians is required to treat any illness that may occur while your pet is boarding:

\_\_\_\_\_ Medical Condition Exam: \$85

These are specifically recommended if you pet develops diarrhea while boarding:

\_\_\_\_\_ Fecal exam (to check for intestinal parasites): \$78

\_\_\_\_\_ Probiotics: \$38-44

\_\_\_\_\_ Metronidazole (antibiotics): \$26-30

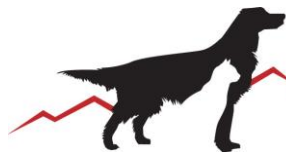
If your pet develops any illness while boarding, we will contact you and inform you of any services we have provided and get authorization for any additional treatments.

**I understand that my pet will be treated at my expense.**

**This is to certify that I have read the above agreement, and I accept the risks of boarding my pet. I understand and accept the boarding policies of Garden Valley Veterinary Hospital as described above.**

**Owner signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<client>, <first-and-spouse> (<number>)



# GARDEN VALLEY VETERINARY HOSPITAL

Drop-Off: \_\_\_\_\_ Pick-Up: \_\_\_\_\_

**Account: <number>**  
**<client>, <contact>**  
**<animal>**  
**<breed>**  
**<color>**  
**<age>, <sex>**

**Feeding Instructions:**  
Own / Kennel  
AM: \_\_\_\_\_  
MID: \_\_\_\_\_  
PM: \_\_\_\_\_

**Toys/Bedding:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication: Yes / No**

Date	Time Fed	Ate	Litter Box: Urine	Stool	FAS	Init	Notes
	AM						
	MID						
	PM						
	AM						
	MID						
	PM						
	AM						
	MID						
	PM						
	AM						
	MID						
	PM						
	AM						
	MID						
	PM						
	AM						
	MID						
	PM						

**Stool: F – formed, S – soft, D – diarrhea**

**Notes:**  
**<animal-alert>**