

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

<date>

Boarding Staff Check in Initials: _____

Dog Boarding Check-In

• **How is your pet doing?**

Weight:_____ Eating/Drinking:_____

Any Vomiting/Diarrhea/Coughing/Sneezing: _____

Any other concerns? _____

• **Own or Kennel Food - Any Food Allergies?** _____

Feeding amount: _____ **AM** _____ **Lunch** _____ **PM**

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

• **Medications (Y or N) :** _____

Medication Instructions:

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

Rabies (\$27) _____

DA2PP (\$27) _____

Bordetella (\$27) _____

Canine Influenza (\$45 for initial, booster, or annual) _____

Boarding Packages

• **Standard package** – (\$36/night) _____

Standard additional pet in same kennel – (\$31/night) _____

• **Ultimate package** – Includes one free playtime & cot bed (\$44/night) _____

Ultimate additional pet in same kennel – (\$35/night) _____

Extra Services (All Services Per Pet Pricing) – Please include amount of times

Playtime in exercise yard (\$10 each) _____

TLC time (\$13 each) _____

Peanut butter-stuffed **or** canned food Kong (\$4 each) _____

Cot bed with standard package (\$4/night) _____

Departure bath – basic bath from the neck down and towel dry (**Excludes doodles and curly coated breeds which require blow-dry**)

○ <20 lbs. (\$28) _____

○ >20 lbs. (\$32) _____

Nail trim (\$28) _____

Anal Glands (\$20) _____

Please initial the following:

• **Drop off/pick up times are between 8am-11am and 3-5pm.**_____

• **I understand that if I pick up my pet before 1:00pm on Monday through Friday. I will not be charged for that day.** _____

• **I am aware of the closing time on Saturday(1pm), Pick up time is before 11am.** _____



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

- Please verify that the pick-up time, boarding package, any extra services, feeding, medication, and emergency information are correct. _____

Additional Walks (please sign) - \$10/walk

I authorize the Garden Valley Veterinary Hospital kennel staff to take my dog for a **1-mile long walk** along a protected path for additional exercise while pet is staying with us. I understand that the clinic is not liable for any injuries or loss of my pet while on this walk, and I hereby certify that my dog is used to being walked on a leash and tolerates this type of exercise.

Signature

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 or injury.

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:

_____ Trazodone: \$26-35

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

_____ Medical Condition Exam: \$85

These are specifically recommended if your 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 or injury while boarding, we will contact you and inform you of any services we have provided and acquire authorization for any additional treatments.



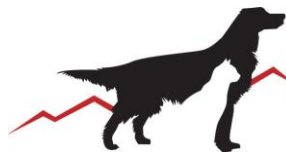
I understand that in the case of an emergency during off-business hours, my pet may require care at an emergency hospital. I understand every attempt will be made to contact me first, however, in the event I cannot be reached, my pet will be taken to one of the local veterinary emergency hospitals at my expense.

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

By signing below, I hereby 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.

Phone Number: _____

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	Potty Breaks		Kennel:		Outside Stool	FAS	Init
			Urine	Stool	Urine	Stool			
	AM		7:00a	9:00a					
	MID		11:30p						
	PM		2:00p	5:00p					
	AM		7:00a	9:00a					
	MID		11:30p						
	PM		2:00p	5:00p					
	AM		7:00a	9:00a					
	MID		11:30p						
	PM		2:00p	5:00p					
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	MID		11:30p						
	PM		2:00p	5:00p					
	AM		7:00a	9:00a					
	MID		11:30p						
	PM		2:00p	5:00p					

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

Notes:
<animal-alert>