

ONE BOARDING FORM PER PET.  
THIS FORM IS PART OF YOUR  
PET'S MEDICAL RECORD WITH  
OUR HOSPITAL.

*Companion Animal Hospital*  
**BOARDING CONSENT**

OFFICE USE ONLY  
CHART # \_\_\_\_\_  
CHECKED IN BY \_\_\_\_\_  
KENNEL SIZE \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ PICK-UP DATE: \_\_\_\_\_ PICK-UP TIME: \_\_\_\_\_  
YOUR NAME: \_\_\_\_\_ PET'S NAME: \_\_\_\_\_  
EMERGENCY NUMBER (WHERE YOU CAN BE REACHED): \_\_\_\_\_  
ALTERNATE EMERGENCY CONTACT NAME: \_\_\_\_\_ PH# \_\_\_\_\_

**DIET: Frequency per day** (please circle) **Once A.M. Once P.M. Twice Free Feed**

We feed Purina EN dry diet to help prevent stomach upset due to stress. We will happily feed your pet's own diet if provided. If you have brought your own diet please list below with instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS:** Is your pet currently on medication/vitamins/supplements? (please circle) **YES NO**

What time did you last administer medication/vitamins/supplements? \_\_\_\_\_  
We will administer medications for \$2.00 per pet per day. Please list **all** medication/vitamins/supplements with instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BATHING/GROOMING (DOGS ONLY):** After 5 nights your pet will receive a complimentary bath. If your pet is staying with us for a shorter duration we offer bathing for a fee based on size. Professional grooming is also offered. Would you like your pet to have (please circle)

**Bath Professional Grooming**

**WOULD YOU LIKE A (please circle):**

**Nail Trim Anal Gland Expression Ear Cleaning Microchip Implanted**

**VACCINATIONS:** All pets boarding with us must be current on their vaccines at the time of boarding. If not then **we will vaccinate** your pet with the appropriate vaccinations. You will be financially responsible for any vaccines administered.

Is your pet current? **YES NO** Please initial that you understand and accept this policy \_\_\_\_\_

**FECAL:** Due to the contagious nature of intestinal parasites we require all pets that are boarding to have yearly fecal examinations. If your pet has not had a fecal exam within the past 12 months we will check a stool sample. The cost for this is **\$35.00**

Is your pet current? **YES NO** Please initial that you understand and accept this policy \_\_\_\_\_

**OTHER SERVICES REQUESTED TO BE PERFORMED WHILE BOARDING:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MULTIPLE PET BOARDING INFORMATION:** Please list which pets may board together: \_\_\_\_\_  
\_\_\_\_\_

Are all pets allowed to be placed outside together during playtime (excluding cats)? **YES NO** (pets are only placed outside with other family pets not other boarding pets)

Sometimes pets, even though living in the same household, will exhibit aggressive tendencies towards one another. I understand that if my pets show aggression while boarding in the same kennel that they will be separated. There will be a change in boarding charges to reflect individual kennels.

Please initial that you understand and accept this policy \_\_\_\_\_

**FURTHER INFORMATION TO BE READ & ANSWERED ON REVERSE SIDE→**

**Please list the belongings in detail, including any food containers, which you have brought with your pet:** We make every attempt to return the belongings you brought with your pet, however some items may be lost due to changing bedding out and cleaning their area. We do not guarantee the return of your belongings. Make sure you are detailed when listing items: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that, if during my pet's stay at Companion Animal Hospital, develops diarrhea, vomiting, coughing, sneezing or any other illness treatment and medications will be administered. This includes any medical emergency that may arise. *Every effort will be made to contact me at the emergency **numbers listed on the front side of this page**.* I agree that I will take financial responsibility for all charges incurred for the symptomatic treatment of my pet.

Please initial that you understand and accept this policy \_\_\_\_\_

In the event of a serious illness or injury that would require emergency surgery and I am (or my emergency contact is) unable to be reached at the numbers listed I authorize the doctors at Companion Animal Hospital to perform the procedure(s) necessary to save my pet's life. *Every effort will be made to contact me at the emergency **numbers listed on the front side of this page**.* I agree that I will take financial responsibility for all charges incurred for any emergency procedure to treat my pet.

Please initial that you understand and accept this policy \_\_\_\_\_

Adequate space is provided in all kennels. Larger kennels are prioritized for larger animals. Smaller animals are placed in larger kennels as availability permits. Space is limited, so please try to pick up your pet on time or call to give notice if this is not possible.

Please initial that you understand and accept this policy \_\_\_\_\_

Should your pet show any form of aggression to our staff or doctors we reserve the right to remove the pet immediately by way of owner or animal control thus terminating any further boarding reservations.

Please initial that you understand and accept this policy \_\_\_\_\_

All precautions will be taken to prevent injury, escape, or other life-threatening emergencies. The hospital and staff will not be held liable for problems that develop provided that reasonable care and precautionary measures have been put in place.

Please initial that you understand and accept this policy \_\_\_\_\_

By signing below you authorize Companion Animal Hospital to care for your pet during their stay with us. You accept full financial responsibility for any and all charges incurred during your pet's stay.

\_\_\_\_\_  
Owner/Agent Signature