

# Boarding Reservation Form



## Client / Pet Information

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact, if you are not reachable: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_ \* The Family Pet Hospital Kennel has a weight limit of 35 pounds per pet

Admit Date: \_\_\_\_\_ Time: \_\_\_\_\_\*\* Pick up Date: \_\_\_\_\_ Time: \_\_\_\_\_\*\*\*

*\*\*Latest acceptable drop off time will be 1 hour before close*

*\*\*\*For Sundays and Holidays there will only be pick up times available between 1-3pm; MUST prepay before leaving at drop off\*\**

Would you like to receive general updates while your pet is boarding:  Yes  No

If yes, please indicate how you would like to receive your updates:  Phone  Text  E-mail

Phone / Email: \_\_\_\_\_

Is your pet booked for a grooming appointment during their stay?  Yes, if so when: \_\_\_\_\_  No

Dog Boarding Only: If your pet does not have a serious or contagious medical condition, would you like to sign them up for daycare if eligible?  Yes  No

If you would like specific days of daycare, please circle: M T W Th F

## Feeding / Medication Instructions

Feeding Instructions:

*(You are responsible for providing us with your pet's food)*

Can your pet be given our treats:  Yes  No, I'll provide my own treats

Does your pet have food allergies:  Yes  No

Medication /Supplements ->Name and dosage of all medications/or supplements:

If none please check here

1. Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

2. Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

3. Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

4. Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

5. Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Other Special Instructions:

Belongings Brought:

**Occasionally some pets develop diarrhea, cuts, scrapes and minor medical ills while boarding. Should your pet have this problem, would you like us to begin treatment or would you like us to contact you or your emergency contact (if you're not reached) first? There is a fee for medication dispensed or treatments required. (check one):**

Treat       Contact First (unless it is a medical emergency as mentioned below)

---

**Statement of Release:**

In the event of a serious medical emergency, you and your emergency contact (should you be unreachable) will be contacted. If we are unable to reach you or your emergency contact, The Family Pet Hospital reserves the right to treat the named pet at the hospital's discretion. By signing, you understand that you will be responsible for the payment of any diagnostics or treatments provided to my pet should the situation arise.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Boarding Policies:**

**Deposits:** A 50% deposit is required at the time of booking for all pets staying more than 5 days, or for families with 5 or more pets. There is a 50% deposit for all reservations during school vacations or holidays. Deposits are 100% refundable with a 48 hour notice and 50% refundable with a 24 hour notice. No deposits will be refunded if the reservation is cancelled with less than 24 hours notice.

**Internal / External Parasites:** For the best interest of all pets under our care, all patients will be examined for external (e.g., fleas and ticks) and internal (e.g., worm segments in stool) parasites while here. If parasites are found, I give The Family Pet Hospital permission to treat my pet to prevent spreading to other animals. Our staff will explain if any additional follow up care is needed. For example, if a pet is found with fleas, we may recommend the pet receives a capstar and flea treatment depending on how recent and type of treatment they have received. No holistic medications will be accepted for boarding until we receive authorization to treat the pet if they get fleas, and that there is an understanding our facility is not to be held responsible for the pet getting fleas. I understand that treatment of any internal or external parasite will be charged to my final invoice. Proof of a negative intestinal parasite test within the last (12) months is required for all boarding pets.

**Vaccinations:** We require proof of the Rabies, DHLPP-CPV (Distemper) and Bordetella (Kennel Cough) vaccines for any boarding dog. For cats we require the Rabies and the Feline Distemper vaccines. If your pet is not current, I give permission to The Family Pet Hospital to update the vaccine(s) in accordance with the above policy. I understand that examination and vaccination fees will be charged to my final invoice.

**Medical Illness Policy:** One of the advantages of boarding your pet at The Family Pet Hospital is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call all numbers listed regarding your pet's symptoms, treatment options, and estimate of additional costs. If no one can be reached however, The Family Pet Hospital will perform whatever services the doctor deems necessary for the best care for your pet until someone can be reached. This includes only non-elective treatments and any necessary diagnostics.

**Food Policy:** I understand that I am responsible for providing my pet's food. If an inadequate amount of food was provided and my pet runs out of food before the end of their stay, then I understand the diet fees will be charged to my final invoice. I also understand that in the event of a medical illness as mentioned above, there may be a change to a bland diet, and therefore diet fees charged to my final invoice.

**Abandonment Policy:** In the event that this animal(s) is not picked-up on the agreed upon discharge date, a letter will be sent to the address on file. 10 days after this time, I agree that this animal should become the property of The Family Pet Hospital to be adopted, or humanely euthanised at their discretion. I realize there is no guarantee that a new home for this animal(s) will be found, and animals abandoned will not be returned.

**I have read this form and by signing below, I understand the above policies. I agree to pay for additional fees necessary to be in accordance with the above policies.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time to fill out our boarding reservation form!