



Boarding Consent Form

Client Name: _____

Pet Name: _____

Check-in Date: _____ Check-out Date: _____ Approximate Pick-up time: _____

Vaccines Due? Yes _____ No _____

Requirements: Exam, Distemper, Leptospirosis, Bordetella, Influenza, Rabies, Fecal, Heartworm, *Lyme

*Not required for boarding, but recommended annually for pets well being

Paperwork done _____ (Initials) IPE board _____ (CRS or ACS Initials) Weight _____

Medications: (Medication Chart must be attached) CRS Initials _____

(Additional Fee)

Yes _____ No _____

Do you need any medications refilled? (We will contact you if your pet runs out of medication while boarding!) _____

Date of last HWP and Flea & Tick _____ Need us to give? Yes or No? Seresto Collar on? Yes or No?

*If the last treatment was over 1 month ago, the staff is required to administer a dose of your pets last Heartworm and /or Flea & Tick preventative at the owner's expense.

Pampered Pup Package Choice:

Basic Package _____ VIP Package _____ Premium Package _____
(PB Kong ___ Yoghund ___ Cuddle Time ___)

Feeding:

Feeding Instructions: Once: (choose one) AM \ PM Twice daily Three times daily

Own\Ours: _____

Does your pet need to eat today? _____

Any Food Allergies? _____

Any health issues we should be alerted to during this stay? _____

Belongings Brought from Home (list in detail):

Ancillary Services:

Professional Grooming? Appt. Date _____ Consent Form _____ (CRS Initials)

Nail Trim? _____ Brush Teeth? _____ How often? _____

Boarding Bath? (Short hair breeds only) _____ Under 50lbs / Over 50 lbs.

Brush-out? _____ How often? _____ Weight? _____

Camp Countryside: 10 am-3pm _____ *camp calendar* _____
(Established campers only!)

Which Days? CIRCLE (Monday through Friday) M T W TH F

EXTRA ADD ON:

Peanut Butter Kong Treat _____ /treat How many per stay? _____

Frozen Yoghund Treat _____ /treat How many per stay? _____

Checked-in by: (CRS initials) _____ ACS PAPERWORK DONE BY: _____

Your pet's health and happiness is our primary concern. If the pet care attendants notice any medical problem they will attempt to contact your emergency number. An emergency contact MUST be provided upon check-in. The emergency contact person MUST be an adult, capable of making decisions for you regarding your pet's health and able to be reached within the continental U.S. Please note that whomever you choose as your emergency contact they are authorized to make medical decisions for your pet. You will assume all financial responsibilities for approved medical services provided during your pet's stay. Should a life threatening (critical) medical condition occur during their stay and attempts to reach your emergency contact are unsuccessful, medical decisions regarding your pets care will be made by the doctor on duty. You will be responsible for all medical charges associated with the management of this event.

******Countryside Veterinary Hospital is not responsible for lost or damaged belongings.******

Owner's Signature _____

Emergency Telephone Number _____

Email Address _____