



Boarding Consent Form

Client: _____ Pet: _____
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

Annual Boarding Contract Date _____

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

Additional Fees for administering medication apply

Yes _____ No _____

Do you need any medications refilled? _____

Date of last HWP _____ Need us to give? Yes or No? 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: SID AM \ PM BID TID
Own\Ours

Has your pup eaten today? AM _____ PM _____

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? _____

Camp Countryside: 10 am-3pm *camp calendar* _____

Dog-Friendly dogs only!

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

Reservation Entered in Avimark:(CRS) _____

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 _____