



Pampered Pup 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)

(Additional Fee)

Yes ____ No ____

Do you need any medications refilled? _____

Date of last Heartworm/Flea & Tick? _____ Need us to give? _____

*If last treatment was over 1 month ago, the staff is required to administer 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__

Feeding:

Feeding Instructions SID AM \ PM BID TID
_____ Own\Ours

Any Food Allergies? _____

Multiple Dogs: sharing room? _____ Separate to feed? _____

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

Belongings Brought From Home (list in detail):



Ancillary Services: (additional Fee)

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 **\$21/day** *camp calendar* _____
Dog-Friendly dogs only!

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

Reservation Entered in Avimark:

Peanut Butter Kong Treat _____ treat How many per stay? _____ (additional Fee)
Frozen Yoghund Treat _____ treat How many per stay? _____ (additional Fee)

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 decision 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 _____