



BOARDING REGISTRATION FORM

Please take a moment to fill out both sides of this form for each pet you are boarding with us.

Pet's Name _____

Check-in Date _____ Check-out Date _____ AM PM

Person other than owner authorized for pick-up (Photo ID required) _____

FEEDING INSTRUCTIONS	Did you bring your pet's food NO YES Brand _____ How often should we feed your pet? ONCE DAILY TWICE DAILY Does your pet have any food allergies? NO YES _____ Other feeding instructions _____	ADDITIONAL SERVICES	<input type="radio"/> Extra Playtime once daily - \$14.90 per day <input type="radio"/> Extra Playtime twice daily - \$24.40 per day <input type="radio"/> Deluxe Bath (includes bath, blow dry, nail trim, ear cleaning and anal gland expression) - \$41.90 <input type="radio"/> Basic Bath (includes bath and blow dry) - \$32.90 <input type="radio"/> Nail Trim - \$22.30-25.00 Comprehensive Exam Other _____
	See reverse for medication administration policies and charges Is your pet currently taking any medications? NO YES List the medications you would like us to give your pet and their instructions 1. _____ 2. _____ 3. _____		
List any other belongings you are leaving with your pet: _____ _____			

Emergency Contact Information – this person **MUST** be **AUTHORIZED** to make decisions regarding your pet's medical care

Emergency Phone Number _____

Person to contact (if other than owner) _____

MEDICAL RELEASE - REQUIRED	_____ In the event of a medical emergency, we will attempt to contact you at the listed emergency phone number. If you cannot be reached, basic stabilization procedures will be started (including, but not limited to, intravenous fluids, oxygen, pain medication, hospitalization) to preserve your pet's life and health. You will be financially responsible for all costs incurred.
	_____ In the event that your pet becomes anxious or stressed while boarding we reserve the right to prescribe anti-anxiety medication if the Doctor deems medically necessary.
	<p>In the event that minor medical treatment becomes necessary; how would you like us to treat your pet?</p> _____ Please perform whatever services and treatments the doctor deems necessary for the health of my pet. I accept full responsibility for additional costs incurred in the care of my pet. <p style="text-align: center;">-OR-</p> _____ Please provide services and treatment the doctor deems necessary up to an additional cost of \$_____. If additional services or medications exceed this amount, do not proceed without contacting me at the listed emergency phone number. <p style="text-align: center;">-OR-</p> _____ I decline treatment for my pet without my permission. Please contact me at the listed emergency phone number. I understand that if I cannot be reached, my pet will not be treated and may result in discomfort or decline of my pet's health.

Signature _____ Date _____



MEDICINE ♦ SURGERY ♦ DENTISTRY

NORTHWOOD OAKS VETERINARY HOSPITAL BOARDING POLICIES AND RELEASE

Thank you for choosing to board your pet with us. Pets in our boarding facility stay in a clean, air-conditioned or heated kennel and are fed a high-quality diet. While here, your pet will receive frequent monitoring and loving care. Our boarding policies are meant to ensure the health and safety of our patients, clients and staff. Please take a moment to read these policies and ask our staff any questions you may have. By signing below, you acknowledge that you have read and agree to these policies.

- ❖ We require the following vaccinations be up-to-date for boarding in our facility:
 - Dogs – DHPP (1 or 3 year), Rabies (1 or 3 year) and Bordetella (1 year)
 - Cats – FVRCP (1 or 3 year) and Rabies (1 or 3 year)
- ❖ For the protection of all pets in our care, boarders must be current on vaccinations. If vaccinations are done elsewhere, it is your responsibility to provide us with record prior to boarding. Any pet that is not current on immunizations will be vaccinated at your expense. If your pet has health problems that preclude vaccination, your pet will need to be boarded in our isolation ward at an additional cost.
- ❖ All boarders must be free of internal and external parasites to stay in our facility. All pets are checked for fleas and ticks upon arrival. We require a negative fecal flotation test every 6 months. If you do not have a current test, testing and treatment will be performed at your expense. Any evidence of external or internal parasites will require all boarders from your family to be treated at your expense.
- ❖ You are welcome to bring your pet's food from home – all food must be labelled with the pet's name and in a sealable container. We feed Science Diet Sensitive Skin and Stomach for dogs and cats. Please let our staff know if your pet has food allergies or sensitivities.
- ❖ If your pet requires medications, they must be in their original container with the prescription label affixed. For safety reasons, we cannot accept medications in pill boxes, bags, or mixed with food. Up to four (4) doses of oral medications or two (2) applications of topical medications per day are included in boarding fees. Additional medication administration beyond that is charged at \$1.80 per dose. Additional charges apply for diabetic patients.
- ❖ You are welcome to leave personal belongings with your pet, but we cannot be responsible for lost or damaged items. All items will be marked with permanent marker for identification. Items may not be left with your pet if a doctor deems them unsafe for unsupervised use.
- ❖ We require notification of additional boarding needed beyond the date given on the reverse. If you fail to inform us and do not pick up your pet within seven (7) days of the listed discharge date, we will consider your pet abandoned and begin legal proceedings. You will be financially responsible for all charges incurred.
- ❖ Pick up times for boarding are Monday – Friday from 7:30am until 5:30pm, Saturday from 7:30am until 1pm. Boarder pick up is not available after hours or on holidays when the hospital is
Pets checking out after 1pm are charged a half day fee.
- ❖ By signing this form, you release Oaks/Northwood Oaks Veterinary Hospital and their representatives from any and all liability for any injury, illness, escape or death that may occur while your pet is boarded, provided reasonable care is taken against such events.

Owner Signature _____ Date _____