



## Boarding Info Sheet

Client Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Drop Off Date: \_\_\_\_\_ Pick Up Date/Time: \_\_\_\_\_

Phone Number(s) where I can be reached: \_\_\_\_\_

Email address: \_\_\_\_\_

Leaving personal items: \_\_\_\_\_

(please refrain from bring large beds/blankets and no more than 1 toy per pet)

**Vaccinations given at what hospital?** \_\_\_\_\_

Dogs- Current on Rabies, DA2PP, ( Bordatella (kennel cough) within 6 months ), and intestinal parasite check within one year. Cats- Current on Rabies and FVRCP. *A copy of Rabies certificate and other vaccines must be on file with our hospital. If not current on vaccination at drop off, animal will receive vaccinations at owner's cost.*

### Pet's Food

Diet fed by Hospital (Purina Prescription Diet: EN/Sensitive)

Diet Provided by Owner \_\_\_\_\_

Amount to feed \_\_\_\_\_ Number of times to feed a day: 1 2 3

(We feed once a day- administration fee for additional feedings)

### Medications To Be Given (administration fee applied)

Name of medicine	Amount to give	Time(s) to give	Need today?	
_____	_____	_____	yes	no
_____	_____	_____	yes	no
_____	_____	_____	yes	no
_____	_____	_____	yes	no

### Additional Services Wished

Bath before pick up

Nail trim

Anal gland expression

Ear cleaning

exam by a doctor: service needed/problem to address: \_\_\_\_\_

Microchip (Permanent identification recognized worldwide)

### OK to place bedding in with pet?

**(please choose "no" if your pet tends to chew on bedding)**

no

yes

### Special medical needs?

no

yes: \_\_\_\_\_

If pet becomes ill while here: (please check one)

Treat conservatively

Treat as needed

Call first to discuss treatment

If my pet should require Life Saving Resuscitation Efforts, for example, CPR (please choose one)

Please do not resuscitate my pet

Please perform CPR and necessary life saving procedures

I agree to the following terms of boarding:

- My pet must be current on vaccinations to board. If my pet is not current or I cannot provide proof of vaccination, the required vaccinations will be administered *at my expense*.
- My pet will be treated for fleas or ticks, if needed, *at my expense*.
- My pet will be treated for diarrhea if it should occur by performing a fecal examination and administering appropriate medications, *at my expense*.
- Long Trail Veterinary Center is not responsible for lost or damaged personal items (including bedding, leashes, collars, and toys) left with my pet.
- If we are unable to reach your emergency contact, we will provide basic treatment necessary to keep your pet comfortable *at your expense*.** It is imperative that you provide accurate contact numbers.
- Any decisions you make while on the phone with a staff member will supersede your written directives.
- The hospital and staff will not be held liable for any problems that develop provided that reasonable care is provided.
- I understand that, while Long Trail Veterinary Center staff members take every precaution to protect the health of their boarding guests, there is always a risk of disease transmission and injury involved in boarding situations and Hospital is not liable.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_