

Family Pet Hospital Dog Boarding Registration

Reservation Dates: From: (Date) _____ To: (Date/Time) _____

Dog's Name: _____ Breed: _____ Sex: _____ Age: _____ Color: _____

Owner's Name: _____

Address: _____ Primary Phone: _____

Toys or personal belongings _____

Any behavioral / medical problems we should be aware of? _____ Storm Anxiety?

Emergency contact _____ Emergency phone (_____) _____

Diet:

- Eukanuba Intestinal Plus (clinic)
- Therapeutic diet _____
- Own food _____

Feeding Schedule: ** If more than one pet, feed together? _____

- Twice daily Amount _____
- Once daily (AM/PM)
- Other _____

Vaccinations:

For your dog's protection, all vaccines must be current. If you are unable to provide proof of these vaccinations, a doctor at Family Pet Hospital will provide a comprehensive exam and appropriate vaccines. Your dog must also be free of internal and external parasites. If not, we will treat your dog at your expense. Please note that many vaccines do not take affect for 10-14 days, so be sure your dog is vaccinated before boarding for optimal wellness.

I understand and agree to this policy.

Permission to Treat:

Should my pet(s) become ill, Family Pet Hospital's veterinarians may provide all medical and surgical treatment deemed necessary in the doctor's professional judgment. I acknowledge that in the event of my pet's illness, the Family Pet Hospital staff may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expenses associated with treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.

I understand and agree to this policy.

If my dog has a serious illness or injury that becomes critical during my absence, I want the doctors to:

Resuscitate my dog Do not resuscitate my dog Doctor's discretion

***Client's signature**

***Date**

<p>Family Pet Hospital Luxury Boarding</p> <p><i>Includes relaxing music, snuggly fleece blanket and three walks per day.</i></p> <ul style="list-style-type: none"><input type="checkbox"/> \$20.00 for a dog suite per night<input type="checkbox"/> \$17.50 for second dog in the same suite per night<input type="checkbox"/> \$15.00 day boarding (no overnight)<input type="checkbox"/> \$2.50 per day for a technician to administer medications<input type="checkbox"/> \$32.00 per night for boarding with nursing care <p>----- <i>SHORT-HAIRED dogs staying 5 nights or more will receive a complimentary bath. Medium-haired and long-haired dogs or any dog staying less than 5 nights may receive a bath at a significantly reduced charge.</i></p> <ul style="list-style-type: none"><input type="checkbox"/> COMP BATH _____<input type="checkbox"/> Bath _____
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<p>Family Pet Hospital TLC Package</p> <p><input type="checkbox"/> YES! I want to pamper my dog with a TLC package for an additional \$5.50 per day.</p> <p>Your dog will enjoy all the comforts of our luxury boarding, PLUS:</p> <ul style="list-style-type: none">• A private playtime with a caring member of our staff• Brushing for a shiny coat• A morning and afternoon treat (not appropriate for dogs on therapeutic diets)• An e-mail update about your dog's activities and adventures written to:<ul style="list-style-type: none">• <input type="checkbox"/> Mom <input type="checkbox"/> Dad<input type="checkbox"/> Other _____

<p>Veterinary Services</p> <p><i>Our doctors can provide veterinary services while your dog stays with us. Please check the services you need and we'll provide an estimate.</i></p> <p>Dr. _____</p> <p>Appt. date _____ Time _____</p> <ul style="list-style-type: none"><input type="checkbox"/> Comprehensive physical exam and appropriate vaccinations<input type="checkbox"/> Nail trim<input type="checkbox"/> Heartworm Test<input type="checkbox"/> Wellness blood test (checks all vital organs for health or signs of disease)<input type="checkbox"/> Senior blood test for dogs 7 years or older<input type="checkbox"/> Wellness urinalysis to check the bladder, kidneys and organs<input type="checkbox"/> Fecal test to screen for parasites <p>-----</p> <ul style="list-style-type: none"><input type="checkbox"/> No services needed on this visit

Email: _____

Checked in by: _____ (Office use only)