

Boarding Registration Form

I, the undersigned, am willingly boarding my pet(s) at Bayview Pet Medical and Dental Center, and by doing so give Dr. Roth and staff the authority to administer emergency care to my pet(s) in the event such care would be needed. If non-emergent medical attention is needed, an effort to reach client for approval will be made prior to treatment. If the client can not be reached and the Dr. determines that medical attention is needed, then the Dr. has the authority to administer basic care in an attempt to correct condition. I release Dr Roth, Bayview Pet Medical and Dental Center, and its employees from any liability related to injury or accidental death that occurs under normal operating conditions of our facility. I understand that I am financially responsible for any medical care administered as stated above.

All pets will be given a **Capstar** to prevent our clinic from becoming a source of fleas for all pets that visit us. The cost is \$9 for <25 lbs and \$10 for > 25 lbs. Also, all pets must be current on **vaccines, including canine influenza**, and have had an **intestinal parasite screen**, and **oral de-wormer** within the past 6 months. If your pet needs vaccines, intestinal parasite screening, or oral de-worming they may be given at time of boarding.

I understand that if my pet(s) are determined to contain any parasites that may be contagious to other animals they will be treated and I am financially responsible. **If you choose to board multiple animals in the same kennel, you are responsible for any injuries that may occur.**

We agree to give your pet(s) 2-3 walks per day, plenty of personalized attention and love, high quality Purina diet or personalized food if desired.

You must pick up your animal before **noon** the day they are scheduled to leave, if you do not the animal will be charged with another night of boarding.

Boarding Dates _____ Time of estimated pick-up (NO SUNDAY PICK-UPS) _____

Date of last vaccines, intestinal parasite screen, and de-worming _____
If so who can we call to verify _____

Bath and Nail Trim-Yes/No

Are there any medical needs you would like the Dr. to evaluate while your pet is here

Please list any allergies your pet has to medications, foods, or insects

Emergency Contact- Name _____

Phone Numbers _____

I have read and agree to all terms outlined in this document as stated above.

Signature _____ **Date** _____