

Redwood Animal Hospital: Client Boarding Additional Pet Form

****Please Fill Out One Form Per Pet****

Pets Name:	Boarding Dates:
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EMERGENCY TREATMENT OPTION

Please circle one Emergency Treatment option:	A	B: Limit: \$ _____	C
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DIET AND INSTRUCTIONS

Use Kennel Food	Wet	Dry	Both	Feeding Instructions:
Use Food From Home	Brand:			

PLEASE CIRCLE IF YOUR PET HAS ALREADY EATEN BREAKFAST, LUNCH, DINNER DEPENDING ON HOW OFTEN YOU FEED AND WHAT TIME YOU ARE DROPPING OFF: **ATE BREAKFAST** **ATE LUNCH** **ATE DINNER**

BATH ***INCLUDES A NAIL TRIM***

Would you like a bath on the day of pick up? (You will receive \$10.00 off bath with boarding!) (circle one)	Yes	Select one: Regular or Medicated (Add \$5.50)
	No	But, I want my pet to have a nail trim only (\$16.50 and up)
	No	I do not want my pet to have a bath or a nail trim.

MEDICATIONS

Is your pet on any medications, flea control or supplements? (circle one) ***FLEA CONTROL IS REQUIRED- SEE BOARDING CONTRACT***	Medication	Yes	No	If yes, please fill out separate medication sheet. (THERE IS AN ADDITIONAL CHARGE TO GIVE MEDICATIONS)
	Supplements	Yes	No	If yes, please fill out separate medication sheet.
	Flea Control	Yes	No	If yes, Type: _____ Date Last Given: _____

EXTRA PLAYTIME

Would you like extra playtime for your pet? (circle one)	Yes	\$4.50 per extra playtime
	No	

PERSONAL BELONGINGS

Please remember that we cannot guarantee any items left will be returned to you

Please list any personal belongings you are leaving with your pet:	1. _____	3. _____
	2. _____	4. _____

AUTHORIZATION

I understand all the boarding policies on the contract and do hereby authorize **REDWOOD ANIMAL HOSPITAL** to care for my pet during agreed upon boarding dates. Initials _____

I am aware that this boarding facility **does not have** 24 hour supervision. Also **payment for services incurred is due upon pickup.**
Initials _____

Signature:	Date:
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