



Spot for client / patient label

Arrival Date: _____ Time: _____

D/C Date: _____ Time: _____

Feeding:

Own Food
 Kennel Food

Feeding Instructions: _____

Last Meal: _____

Any food allergies?: _____

Medications:

Name of Medication: _____
 Directions: _____
 Last dose given: _____

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 Directions: _____
 Last dose given: _____

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 Directions: _____
 Last Dose given: _____

Does your pet have any health concerns? Yes No
If Yes, please explain

Can pet have a blanket? Yes No
 Can pet jump over 6ft? Yes No

ENRICHMENT*		
Group Playtime (Dogs only) 1 hour long \$15.00 (Dog must be evaluated by a team member to determine eligibility) Dates:	Yes	No
Individual Playtime (~15 minutes) \$ 12.00 Dates:	Yes	No
Walks (Dogs only)		
Once Daily Dates:	Yes	No
Twice Daily Dates:	Yes	No
Three Times Daily Dates:	Yes	No

EXTRA SERVICES*		
Bath (includes complimentary ear clean and nail trim) (Please circle) Night before pick-up Morning of pick-up (must be after 2pm)	Yes	No
Nail Trim Only	Yes	No
Veterinary Services: (Exam, Vaccines, etc) List what is to be done:	Yes	No
Fecal Sample checked for intestinal parasites	Yes	No
Tick and Heartworm Testing	Yes	No

***Additional fees apply. Please ask a team member for more information**

- I give my permission for the staff to examine and vaccinate my pet if due or overdue for Distemper, Rabies and Kennel Cough. **VACCINATIONS MUST BE CURRENT** for boarding. I understand that I am responsible for all related charges. If there are fleas present on my pet, the pet will be treated at the veterinarian's discretion and at my expense. **Please make us aware of any known adverse reactions to either topical or oral flea medications.**
- **CURRENT VACCINATION AGAINST CANINE INFLUENZA VIRUS IS STRONGLY RECOMMENDED FOR DOGS WHO BOARD.** The viral strain may mutate from year to year and the vaccine may need to be restarted as recommended by the veterinary staff.
- Companion Animal Hospital cannot accept responsibility for any personal belongings that are left with a pet while boarding
- Additional charges will apply for medication administration, bathing and other requested services.

If my pet becomes ill and requires surgical or medical treatment, I give my permission for the staff to do whatever is necessary for the well being of my pet. If my pet does become ill during his/her stay with us, a veterinarian will examine my pet and uncomplicated problems (i.e. diarrhea, abrasions) will be treated medically. Potentially more serious problems (i.e. failure to eat, persistent vomiting, difficult urination), may warrant in-depth diagnostic testing. If the situation appears serious enough, my pet will be taken to the Animal Emergency Service at 825 White Spruce Blvd. Rochester for 24-hour care. I also understand that I am responsible for all related charges. **We will make every attempt to contact you at the numbers provided should your pet become ill. If there are limitations to the care you wish us to provide for your pet, we need to know before you leave your pet with us.**

I wish to be contacted before my pet receives ANY treatment or medication.

*If you are unreachable, the veterinarian will begin treatment to ensure your pet's well being.

OR

Please treat any uncomplicated problems (i.e. diarrhea, abrasions) at the Veterinarian's discretion and **contact me only in the event of a serious condition or extensive treatment.**

The undersigned acknowledges contracting for above services and understands that he/she is responsible for all balances due upon the discharge of the pet. If someone other than the owner is picking up or visiting a pet, let us know as we will not release the pet to anyone other than the owner without prior consent. All pets must be picked up within 5 days of the specified check-out date. All efforts will be made to contact the owner/agent. Failure to respond or pickup pet will result in the facility protocol for abandoned animals.

Client Signature: _____

Emergency Contact Number: _____

Alternate Emergency Contact: _____

Email address: _____

Team Member Initials: _____