

STAFF INITIALS: _____

BOARDING HOURS:

Monday through Friday 7:45 am- 4:30 pm
Saturday 7:45 am- 11:00 am
Sunday ** (Pick up ONLY)** 3:00 pm-6:30 pm
** Sunday Pickups Charges apply. Credit Card on file required. **
Initials: _____



BOARDING INSTRUCTIONS

Pet's Name: _____ Owner: _____

Boarding Dates: Drop Off: _____ Pick Up: _____

DOGGIE DAY CARE/SUN LOUNGE: Yes No Boarding: \$45.00/night - WITH DDC: \$58.00/night

***** HOLIDAY RATES *****
Holiday Boarding: \$56.00/night - WITH DDC: \$69.00/night
Add. Dog Holiday Boarding: \$51.00/night - WITH DDC: \$64.00/night

Additional Dog Boarding: \$40.00/night - WITH DDC: \$53.00/night

Circle the day(s) that you want your dog in **Day Care OR Sun Lounge (Seasonal):**

WEEK 1: Mon Tue Wed Thurs Fri Sat **WEEK 2:** Mon Tue Wed Thurs Fri Sat

MEDICATION(S):

PLEASE NOTE: There is an additional charge of \$6.00 per day to administer THREE (3) or less OR \$9.00 per day to administer FOUR (4) or more oral medications/supplements. An additional charge also applies to administration of SQ fluids or insulin.

HAS YOUR PET HAD MEDICATION(S) TODAY? YES NO **What Time:** _____
Name of Medication(s)* Quantity # of times per day

Name of Medication(s)*	Quantity	# of times per day

*** DO YOUR INSTRUCTIONS DIFFER FROM WHAT THE PRESCRIPTION LABEL READS?**

FEEDING: _____ CUPS _____ per day (1 Cup= 8 ounces) Next Meal: _____

Did you bring your own food? Yes No If yes, what kind? _____

If applicable would you prefer to have your pets kenneled together? Yes No

If yes, the client understands and assumes all responsibility for the possible risks associated with multiple animals that are boarded in the same kennel. **Initials:** _____

EMERGENCY CONTACT: (REQUIRED)

Primary Phone Number(s): _____
If we are unable to contact you, is there someone else we can contact? Yes No

If yes, what is their name and number(s): _____
Alternate Contacts MUST be able to make medical decisions.

BELONGINGS (ADDITIONAL SPACE ON BACK):

Signature: _____ Date: _____

**Our boarding facility requires Bordetella to be given every 6 months in order to board.

Owner approval for vaccine to be given if needed. Please initial that you have read and understand this policy _____

Email address if traveling outside of the country: _____

On occasion a pet may become ill with **minor** conditions while boarding. The most common ailments are diarrhea, vomiting and lack of appetite. We will do our best to contact you at the numbers provided above. We will examine and treat these conditions as needed for the health and comfort of your pet and follow up with you pending the results of the exam. -- **Additional cost will apply.**

Initial: _____

If a **serious** medical emergency arises while your pet is boarding with us we will do our best to contact you at the numbers provided. In the event we cannot contact you, we will use our best judgment to decide what treatments would be appropriate which may include transfer to a 24-hour hospital for care.

Initials: _____ Financial Limit: _____

In some cases we may need to obtain medical records for your pet. If we are not your primary vet care provider, please list the name of the veterinary facility where your pet receives care:

Any additional information we should be aware of while your pet is boarding with us? (i.e, food allergies, health concerns, behavioral concerns, personality traits)

In the unfortunate event of the death of your pet while boarding we will hold your pet until body care instructions are provided to us.

For the protection of all boarders, we require current vaccinations for DHPP in dogs and FVRCP in cats. Rabies vaccines need to be current according to local laws. Bordetella vaccine (kennel cough) is required every six months. If you do not bring verification, or we cannot confirm vaccine status. We will vaccinate your pet at our charge. Gunbarrel Veterinary Hospital is not responsible for lost or destroyed toys, blankets, beds or additional belongings.

Signature: _____ Date: _____