

# Mountain Vista Animal Hospital BOARDING FORM

Welcome to Mountain Vista Animal Hospital!  
We are so happy you have entrusted your family member to stay with us. Rest assured we will do everything possible to make your pet's stay with us a comfortable and enjoyable one!

**Remember vaccines are a must upon check in.  
We have to see proof of current vaccine records for your pet.  
SORRY NO EXCEPTIONS**

To insure your pets health, all first time boarders will need to have a physical examination done and this fee will be added to your boarding charges.

**\*\*\*\*Though we are open seven days a week we are not a 24 hour care facility. There is a period of time overnight that your pet will be unattended.\*\*\*\***



OWNER NAME: \_\_\_\_\_ PET'S NAME: \_\_\_\_\_

EMERGENCY NUMBER: \_\_\_\_\_ 2nd CONTACT NUMBER: \_\_\_\_\_

**MY PET WILL BE BOARDING FROM \_\_\_\_\_ TO \_\_\_\_\_ I WILL PICK UP AT TIME: \_\_\_\_\_**

**ITEMS LEFT WITH PET: \_\_\_\_\_**  
**\*Please mark all items. We will not be held responsible for any items lost or damaged.\***

PERSON OTHER THAN OWNER TO PICK UP \_\_\_\_\_  
**We will not release ANY pet to anyone other than you without your permission.**

**SHOULD YOU DECIDE TO LEAVE YOUR PET LONGER THAN INDICATED PLEASE CONTACT OUR OFFICE IMMEDIATELY SO ARRANGEMENTS CAN BE CONFIRMED.**

**DEPOSITS ARE REQUIRED AT TIME OF CHECK-IN FOR NEW CLIENTS AND PATIENTS.**



**MY PET IS ON MEDICATION**



**Please note there is an additional charge for treatments.**

**1). Name of Drug:** \_\_\_\_\_

**Dosing Instructions:** \_\_\_\_\_

**I last gave the medication:** \_\_\_\_\_

**2). Name of Drug:** \_\_\_\_\_

**Dosing Instructions:** \_\_\_\_\_

**I last gave the medication:** \_\_\_\_\_

**3). Name of Drug:** \_\_\_\_\_

**Dosing Instructions:** \_\_\_\_\_

**I last gave the medication:** \_\_\_\_\_



## MY PET'S FEEDING SCHEDULE



While boarding, your pet will be dining on a high quality easy to digest food called Eukanuba Low Residue. Just indicate how often they are fed at home and how much.

**ONCE DAILY**\_\_\_\_ **TWICE DAILY**\_\_\_\_ **FREE FEED**\_\_\_\_ **OWN FOOD LEFT**\_\_\_\_\_

**CANNED**\_\_\_\_ **DRY**\_\_\_\_ **AMOUNT FED** \_\_\_\_\_

**My pet was last fed at** \_\_\_\_\_



## MY PET NEEDS VETERINARY CARE



### YOUR PRIMARY DOCTOR

- Dr.Taylor**
- Dr.Bossung**
- Dr. Wagner**
- Dr. Pennell**
- Any Doctor**

### SERVICES REQUESTED

- Dental cleaning**
- Blood work**
- Vaccines**
- Surgery**
- Senior Wellness**
- Other**

**Specify other** \_\_\_\_\_



## MY PET WILL NEED A BATH BEFORE GOING HOME



**Please bathe my pet**  
**DATE to be Bathed** \_\_\_\_\_

**Please do not bathe my pet**

**I understand that this is a bath and toe nail trim only. Should my pet require a grooming then I will need to take them to a groomer. The cost of the bath will depend upon the weight and coat length of your pet.**



## IF MY PET NEEDS URGENT CARE



We understand your pet is an important part of your family and we want to care for them as if they were our own.

### PLEASE READ THE FOLLOWING CAREFULLY

I UNDERSTAND THAT WHILE MY PET IS BOARDING, UNFORESEEN CIRCUMSTANCES MAY OCCUR THAT NECESSITATES IMMEDIATE MEDICAL CARE. THEREFORE I HEREBY CONSENT TO AND AUTHORIZE THE VETERINARIANS TO TREAT MY PET AS DEEMED NECESSARY. I UNDERSTAND I WILL BE CONTACTED AS SOON AS POSSIBLE WITH ANY INFORMATION ON MY PET'S CONDITION. I ALSO UNDERSTAND THAT I WILL BE FINANCIALLY RESPONSIBLE FOR ALL SERVICES PERFORMED AT DISCHARGE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NO, I DO NOT GIVE ANY CONSENT TO TREAT MY PET IN AN EMERGENCY SITUATION UNTIL I HAVE BEEN CONTACTED. I REALIZE THAT I MAY BE PLACING MY PET IN A CRISIS SITUATION IF I CANNOT BE REACHED BY PHONE.

Signature \_\_\_\_\_ Date \_\_\_\_\_