



Today's
Date: _____

BOARDING ADMISSION FORM

Owner's Full Name : _____

Pet Name: _____

Pick up Date: _____ Pick up time: _____

Dogs must be current on their **Bordetella, Distemper/Parvo, Rabies** vaccinations

Cats must be current on their **FVRCP and Rabies** vaccinations

All pets must be current on their **flea control** and have had a **negative intestinal parasite screen** within the past year.

If any of these services are overdue they will be done while your pet is here and you will be charged accordingly.

Cell phone: () _____ - _____ Alternate phone: () _____ - _____

Emergency Contact: _____

Emergency Contact Phone Number: () _____ - _____

Check here if you would like to receive text updates of your pet while you are away. We will send updates as time permits.

Contra Costa Veterinary Hospital will not be held responsible if your pet becomes ill or contracts a contagious disease while boarding. If any problems arise we will make all attempts to contact you and your emergency contact. If we are unable to contact you the veterinarian will proceed with treating your pet as deemed necessary (at the owner's expense). Signing indicates that to the best of your knowledge your pet has not been ill in the last 10 days, they are currently in good health, and that you understand the boarding policy.

I give _____ (emergency contact's name) permission to make medical decisions for my pet in the event that I cannot be contacted.

I hereby release Contra Costa Veterinary Hospital from all liability in case of injury or illness.

Signature: _____ Date: _____

Please fill in backside

Personal Belongings:

Diet:

___ Please feed the clinic's food (Science Diet)

___ Please feed the food I have provided: _____

Feeding Instructions: Feed ___ cups ___ times daily

Additional feeding instructions:

Medications: Medications can be administered at an additional cost (\$2-3/day). Please list medications and instructions:

Additional Services/Requests: Please list any additional services you would like performed (they are at additional costs):

Half Price Bath Package ** Minimum 2 Night Stay

Includes Bath, Ear cleaning, Anal gland expression, Nail trim

Annual/Semi-Annual Exam Vaccinations Dr. Exam (for illness or injury)

Intestinal Parasite Screen Labwork X-Rays/Ultrasound Procedure/Surgery

Nail Trim Anal Gland Expression Ear cleaning

Prescription Refill: _____

Other/Additional Information: _____
