

VCA Riverside Veterinary Hospital

201 North Main Street, Boscawen, NH 03303

P 603-753-9834 F 603-753-9839 vcariverside.com

Boarding Registration

Pet's Name: _____ **Client Name:** _____

*Please list any medical concerns/issues/allergies/dietary restrictions we should be aware of while your pet is in our care. _____

Please list any medications or supplements your pet needs while boarding.

Please leave in original bottle/package.

Medication #1 _____

Dosing Instructions? _____ Next dose due: _____

Medication #2 _____

Dosing Instructions? _____ Next dose due: _____

Does your pet eat: Dry Canned Both How much? _____

How often? _____ Did you bring your own food? Yes No

Last time (roughly) your pet ate: _____

If your pet is not eating, is it okay for us to try an alternative food? Yes No

List and describe items you brought with your pet (i.e., toys, blankets, etc.) _____

Would you like your pet to have a bath? Yes No

If you are requesting a bath we ask that you please pick up after 1:00pm to allow the staff time to complete bath. (If time allows)

Would you like your dog to play with other dogs in our fenced, supervised yards? Yes No

Date of pick up: _____ **Time:** _____

Who's picking up: _____

Phone Number for Contact: _____

Alternative Phone Number: _____

Emergency Contact Name & Phone Number: _____

Does this person have approval to make medical decisions? Yes No

I understand all of the information contained on this registration. I understand when a group of dogs play together, there are risks. They can get wet and/or dirty and there can be occasional bumps, bruises, scrapes and cuts. I understand that if a medical emergency arises, Riverside will make every attempt to reach me, if we are unable, Riverside will treat my pet accordingly, which may include sedation, anesthesia, medications and surgery. I agree to take full financial responsibility for any fees incurred during the stay.

Client Signature

Date

