	Care Instruct	tion While	Boarding	Acct#
Pet's Name:	Emerger	ncy Contact: #		_
Arrival Date:Depar				CSR intials:
Vaccines current Y / N				
Food: Feed (circle one) - Kennel Food / Own Food Type (circle all that apply) - Dry / Wet / Both How Often (circle one) - Once / Twice/ Three/ Free Feed How Much: When is next feeding? AM / MID- DAY / PM If your pet's food runs out, can we feed our kennel food? (circle one) Yes or No				
Is it ok to ENTICE your pet with wet food, after Can you pet have treats? (circle one) Provided Does your pet have any Food Allergies (circle Will your pets be boarding together in the	24 hours if not eating? (or by Owner or Kennel Hone) Yes or No Expense same run? Yes or	circle one) Yes or How often? Plain:		_
If multiple pets are boarding in the same run, do they need to be separated at feeding time? Yes or No Bedding: - We will provide your pet with blankets, cots, and mats as directed by you.				
I authorize my pet to receive: (circle all that apply) Blanket / Cot / Mat / No Bedding Have you ever known your pet to become destructive or ingest foreign materials? (Toys, bedding, rocks, etc.)? (circle one) Y / N Explain:				
Playtimes: (No more than 2 playti	mes per day)			
I authorize my pet to participate in GROUP Play - (choose one)				
Once a day for days (\$19.30 additional per day)				
Twice per day for days (\$38.60 additional per day)				
I authorize my pet to participate in INDIVIDUAL Play with an Animal Care Attendant - (choose one)				
Once a day for days (\$27.40 additional per day)				
Twice per day for days (\$54.80 additional per day)				
I DO NOT authorize playtimes fo	or my pet			
Bath and Additional Service: *Fee's will apply				
Bath (includes nail trim, ear cleaning, and anal gland expression) *Starting at \$64.79 and up to \$92.77*				
Nail Trim (\$26.00) Nail Trim w/ Dremel (\$58.62) Teeth brushing (\$19.70) Ear Cleaning (\$28.20)				
Brush Out (\$31.28) Complementary Pet Cologne Special Needs:				
I DO NOT authorize a bath or extra services for my pet				
Medical:				
I Authorize VCA Premier Animal Hospital & Pet Resort to treat as deemed necessary before calling with a limit of:				
(please circle) Pre-Authorized Limit: \$50 \$100 \$150 \$250 \$500 No limit Other \$				
I would like a call at # before any treatment is performed.				
Medication Administered *Fees per day will apply (all medications must be in their original containers and clearly labeled)				
Medication	How Much?	How Often?	Next Dose to Be C	iven?
Medication	How Much?	How Often?	Next Dose to Be C	iiven?
Medication	How Much?	How Often?	Next Dose to Be C	iiven?
Are there any known medical concerns that staff should be aware of?				
Signature of Owner/Agent Date				