

Pet's Name: _____ Emergency Contact: # _____

Arrival Date: _____ Departure Date: _____ Pick up Time: _____ CSR initials: _____

Vaccines current Y / N Records provided Y / N Authorize needed vaccines

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 24 hours if not eating? (circle one) Yes or No

Can you pet have treats? (circle one) Provided by Owner or Kennel How often? _____

Does your pet have any Food Allergies (circle one) Yes or No Explain: _____

Will your pets be boarding together in the same run? Yes or No

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 playtimes per day)

I authorize my pet to participate in **GROUP Play** - (choose one)

____ Once a day for _____ days (\$18.00 additional per day)

____ Twice per day for _____ days (\$36.00 additional per day)

I authorize my pet to participate in **INDIVIDUAL Play** with an Animal Care Attendant - (choose one)

____ Once a day for _____ days (\$25.50 additional per day)

____ Twice per day for _____ days (\$51.00 additional per day)

I **DO NOT** authorize playtimes for my pet

Bath and Additional Service: *Fee's will apply

Bath (includes nail trim, ear cleaning, and anal gland expression) *Starting at \$60.30 and up to \$86.38*

____ Nail Trim (\$24.20) ____ Nail Trim w/ Dremel (\$54.56) ____ Teeth brushing (\$18.35) ____ Ear Cleaning (\$26.25)

____ Brush Out (\$29.12) ____ 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 Given? _____

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Are there any known medical concerns that staff should be aware of? _____

Signature of Owner/Agent _____

Date _____