



BOARDING CONSENT FORM

Account# _____ Patient: _____ Species: _____
Owner's First and Last name: _____
 Breed: _____ Color _____ Age _____ Sex _____
 Admission Date: _____

Expected Pick-up Date: ____/____/____
 Expected Pick-up Time: _____

MON - FRI: 8AM-5:30PM
SAT & SUN: 8AM-3PM

I can be reached at
Name: _____
Number: _____
Whom shall we call in case of emergency?
Name: _____
Number: _____

We request that our boarders are admitted or picked up **NO LATER THAN 5:15PM** weekdays, **2:45pm** weekends.

Own food supplied? **My pet usually eats:** Quickly | Slowly **Food allergies:** _____

Amount of food you feed and *how often*: _____

Personal items left with your pet (please be as specific as possible): _____

Does your pet chew blankets, beds or bowls?
I understand that if my pet damages or chews the memory foam bed or frame in luxury suites I will be held financially responsible to replace it. Initial _____

Harden Ranch Veterinary Hospital will not be responsible for personal items left with pet while boarding as these items can sometimes be soiled, damaged, or lost. Items accidentally left while boarding will be kept for a maximum 30 days, then donated.

Has your pet ever shown aggression towards other animals? Yes No **What species?** _____

I authorize Harden Ranch Veterinary Hospital to let my pet interact/play with other pets: Yes | No

I understand that my pet(s) is/are in an environment where they will be socialized and interacting with people and other dogs of all sizes. Harden Ranch Veterinary Hospital employees will supervise all pets playing together. I understand that even supervised pets may become aggressive, receive bites, puncture wounds, and/or scrapes. I also understand that the benefits of socialization far out way the risks. I agree and accept full responsibility financial and otherwise for any injury to my pet, caused by my pet to any other animal or persons Harden Ranch Veterinary Hospital.

Name of medication, strength, and dosage and time last dose was given: _____

(If your pet has special needs (daily medications or medical care) an additional fee of \$7 to \$27 a day is applied.)

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above. I do hereby give Harden Ranch Veterinary Hospital, their agents or representatives, full and complete authority to provide boarding care for said animal. In the event that my pet becomes ill while boarding, I authorize any treatments or procedures that may be considered therapeutically and/or diagnostically necessary, in the judgment of the attending Veterinarian. These may include medications for diarrhea and vomiting, therapeutic bathing and/or the use of Capstar to control fleas will be applied. I will be financially responsible for additional diagnostics, treatments and medications.

I understand that Harden Ranch Veterinary Hospital is not a 24-hour facility and attendants are on site only during regular business hours & on scheduled shifts during holidays. Dogs are let out three times a day for ~ 15 minutes.

YOUR PET WILL BE GIVEN A COMPLEMENTARY CAPSTAR FLEA TREATMENT TABLET UPON ENTRANCE AND EXIT OF OUR BOARDING FACILITY.

☞ PAYMENT IS DUE UPON DISCHARGE ☞

Owner's Signature: _____ **Staff check-in initials:** ____ (R) ____ (T)

While your pet is boarding, would you like any of the following services to be performed?

<input type="checkbox"/> Physical Exam (\$70)	<input type="checkbox"/> Canine Vaccine (Bordetella) (\$22)	<input type="checkbox"/> Frontline Plus application (~ \$21)
<input type="checkbox"/> Rabies Vaccine (Fel: \$21, K9: \$19)	<input type="checkbox"/> Fecal Parasite Analysis (\$31.00)	<input type="checkbox"/> Microchip Implant (\$52.00)
<input type="checkbox"/> Feline Vaccine (FVRCP) (\$17)	<input type="checkbox"/> Heartworm test (\$31.00)	<input type="checkbox"/> Nail Trim (Feline: \$16.80, K9: \$20)
<input type="checkbox"/> Feline Vaccine (Leukemia) (\$27)	<input type="checkbox"/> Basic bathing or Grooming package	<input type="checkbox"/> TLC GOLD PACKAGE (\$10/day add'l)
<input type="checkbox"/> Canine Vaccine (DA2PP) (\$21)	<input type="checkbox"/> "Stay and Swim" Package	<input type="checkbox"/> TLC PLATINUM PACKAGE (\$20/day add'l)
	<input type="checkbox"/> I grant permission to HRVH to use my pet's photo and story on social media	

CANINE TENDER LOVING CARE PACKAGES- DOGS ARE LET OUT FOR PLAYTIME 4 TIMES A DAY FOR GOLD PACKAGES AND 5 TIMES A DAY FOR PLATINUM PACKAGES.

All procedures to be performed (receptionist, please fill in) _____

INTERNAL BOARDING CHECKLIST - **PROCESS COMPLETED BY:**

Date in: ___/___/___ Scheduled pick up: ___/___/___; Time_____ ❖Incoming weight: _____lbs

❖ Indicate OWNER or HOSPITAL diet and instructions: _____

❖ Animal entered on whiteboard in kennels ❖ Treatment/Procedure on whiteboard in Treatment room

❖ Medication Instructions: _____ ❖ “Capstar” Flea Tablet on entry completed by: _____

❖ Bath or Grooming Package appointment scheduled in Avimark? Tx /Procedure appointment scheduled in Avimark?

Date	AM/P M	Appetite	Urine	BM	Meds	Observations	Tech

Pet's name: <animal> <last-name> Acct No: <number> <date>

❖Bath (Complimentary after 7+ nights or 3 days with luxury suite) completed by: _____ ❖ Nail Trim (if requested) completed by: _____

❖ Date out: ___/___/___ ❖ Outgoing weight: _____lb ❖ “Capstar” Flea Tablet on exit completed by: _____