

Boarding Check In Form

Pet's name: _____

Does your pet have any pre existing problems you would like us to be aware of? (lumps, bumps or coat changes) **Yes** **No**

Any coughing, sneezing, or vomiting in the past 48 hours? **Yes** **No**

Is your pet having regular urination and bowel movements? **Yes** **No**

Is your pet eating and drinking well? **Yes** **No**

Does your pet chew or tear up bedding? **Yes** **No**

Multiple pet accommodation only

Do your pets need to be separated during feeding? **Yes** **No**

Do they have any history of aggression or agitation towards one another? **Yes** **No**

Feeding instructions:

Is your pet on a prescription diet? **Yes** **No**

If so, do we have permission to refill if needed? **Yes** **No**

Brand of food: _____

Amount and Frequency:

Dry **Canned** **Both**

If your pet runs out of food, can we feed our house food? **Yes** **No**

Medications:

Is your pet on any medication? **Yes** **No**

****There is a charge of \$4.50 each time medications are administered. ****

Extras: (indicate qty)

Pool Party \$10.50 _____ Romp in the Park \$10.50 _____

Mountain Patio Playtime \$6.00 _____ Pillow Talk for Dogs \$5.50 _____

Cuddle Time for Cats \$5.15 _____ Nail Trim \$20.00 _____

EMERGENCY CONTACT: _____ Phone: _____

In the event of an **Emergency**, please **initial** one of the following:

I would like to be contacted before any treatment

Proceed with lifesaving treatment, regardless of cost

Boarding Staff Use Only:

Weight at Check In: _____

Temperament: _____

Eyes:

Ears:

Mouth:

Body/Coat:

Nails:

The Bed & Biscuit Service Agreement

Vaccines. All dogs and cats must be up to date on all vaccines in order to board. Owner agrees to the following vaccine requirements: a. Rabies, DAP, Bordetella and Influenza for all dogs. b. Rabies and FVRCP for all cats. (FeLV for cats who have exposure to the outdoors.)

Medication. I understand that there will be a fee to administer any medications to my pet.

Medical Conditions. All current or medical conditions must be mentioned during each individual check in.

Pick up and drop off times. Business hours are Mon-Fri 8a-7p and Sat 8a-4p.

Visitor consent. Village park will not allow visitors or release your pet to anyone other than you without your prior consent.

Socialization. Pets are not socialized with other pets outside their own family.

Multiple family pets. Same species pets within the same family may board together and or socialize in our outside areas with the owner's consent.

Pet aggression. If a pet shows aggression towards any other family pet, Village Park will separate them when necessary to ensure the well being of each pet.

Fleas or ticks. If a pet is found to have fleas or ticks, Village Park will treat the pet accordingly and owner will be responsible for any charges incurred.

Pet Abandonment: I understand that if I do not pick up my pet within **14** days of the original expected pick up date and have not extended the stay, I will give up my rights of ownership of said pet to Village Park Animal Hospital.

Yes I acknowledge.

ROMP IN THE PARK RELEASE. I, understand and give permission for the staff of Village Park Animal Hospital

to walk my pet in the Francis Hack Park during the duration of their stay at The Bed and Biscuit. I understand that my pet will be walked off the premises of Village Park Animal Hospital, but will be, at all times, on leash and under control with one of the trained staff members. Village Park Animal Hospital will take every precaution to ensure the safety and security of your pet during their park walk. I understand this policy and will not hold Village Park Animal Hospital or any one of the staff members liable for any uncalculated circumstances that may arise such as, but not limited to, my pet escaping off leash, dealing with loose dogs in the park, etc.

Yes _____ No, I do not give my consent. _____

POOL PARTY RELEASE. I understand I have a choice between a ROMP IN THE PARK and a POOL PARTY for my pet stay. I give permission for the boarding staff at Village Park Animal Hospital to let my Pet play in a wading pool filled with water. I understand that my pet will never be left unsupervised while in the pool. I understand with some long haired pets getting wet may cause hair to be curly and may matt. I also understand Village Park Animal Hospital Staff will take every precaution to not have this happen. Staff will not be liable if such circumstances arise. Pool will only be used during the summer.

Yes _____ No, I do not give my consent. _____

Photo Release. May we have permission to put any pictures of your pet that we may get on out VPAH

Facebook® page or website?

Yes _____ No, I do not give my consent. _____

Owner understands and acknowledges that Village Park has agreed to render services as described herein based upon owners representations made on registration form.

Owner agrees to pay Village Park for all services rendered. In the event it is necessary to initiate collection proceedings on the account, the owner will be responsible for all attorney's fees and cost of collection and these fees will be added to the outstanding balance.

By signing below, I acknowledge and agree to all of the information stated above.

Owner's name: _____ Primary Contact # _____

Owner's signature : _____ Date: _____ Chart # _____