

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 last 24 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: _____ **Dry** **Canned** **Both**

Amount and Frequency: _____

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

Medications:

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

If so, do we have permission to administer medication? **Yes** **No**

Medication: _____

Amount / Frequency: _____

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

OPTIONAL Extras: (indicate quantity)

Pool Party \$10.50 _____

Mountain Patio Playtime \$6.00 _____

Cuddle Time for Cats \$5.15 _____

Romp in the Park #10.50 _____

Pillow Talk for dogs \$5.50 _____

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: _____

Eyes: _____

Mouth: _____

Nails: _____

Temperament: _____

Ears: _____

Body/Coat: _____

Bed & Biscuit Boarding 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 outdoors.)

Medication Administration Charge: 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. CLOSED SUNDAY.

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 of 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 your 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(s) 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 La Quinta Community 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 pets 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, out on VPAH Facebook® page or website?

Yes

No, I do not give my consent.

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

Owner agrees to pay Village Park Animal Hospital for all services rendered. In the event it is necessary to initiate collection proceedings on the account, 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.

Owners Name: _____

Primary Contact #: _____

Owners Signature: _____

Date: _____

Chart # _____