Boarding Care Form

Last Name: _____ Pet Name: _____ Species: ☐ Canine ☐ Feline ☐ Avian

Check in: _____ Check Out: _____ After Hours Pick up: ☐ Saturday ☐ Sunday ☐ Holidays ☐ No
       DATE   DATE

==**After hours pick up fee is $15.**== *Pick up is at 6pm sharp at the East Side Employee Door*

Any boarding reservations made over major holidays or school breaks (i.e., spring break), will be required to leave a $25 deposit for each pet to be applied towards their stay. There will be a $5 per day charge for any pet of age entering the facility unaltered.

Please understand that multiple kennel team members will be caring for your pet. Please be as clear as possible with these care instructions. We want to provide the best care possible for your pet. Thank you.

 Name: _____ ==**Phone # (for contact during pet's stay):**_____==

Medications/Supplements (Please provide complete instructions. There is a $2 fee per day for administering medications.)

Name of Medication/Supplement	Frequency of dosage	Next dose due to be given	Special Instructions

Feeding (Please check one, Indicate frequency of feeding)

***Our house diet for dogs and cats is Hills Science Diet Adult 1-7 years dry kibble each morning with fresh water throughout the day. If you prefer a different diet, you may bring it from home, measured out and pre-packaged in zip lock bags labeled the time of day to be fed.*

☐ House Diet   Special Instructions_____

☐ Own Diet   Frequency_____ Special Instructions (add water etc.) _____

_____

Medical Services Requested (Check all that apply)

☐ Vaccinations   ☐ Check Ears   ☐ Check Itchy Skin ☐ Other_____

Yard Status

Free ☐   Supervised Play ☐   Leash Walk ☐

If supervised play or leash walk please briefly explain why: _____

_____

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Bathing (Please check one)

A FREE complimentary "freshen up" bath is available to all canine pets that stay a minimum of 4 nights AND picked up DURING REGULAR WEEKDAY HOURS. Complimentary baths are **NOT GIVEN** if picked up on **SATURDAY, SUNDAY, HOLIDAY or FIRST DAY CLINIC REOPENS AFTER ANY HOLIDAY**. We request that you pick-up at 3pm or later or a complimentary bath **MAY NOT BE GIVEN**. Alternatively, you may request a *paid* bath that includes a nail trim and anal gland expression.

☐ Complementary Bath ^(must be boarding for at least 4 nights to be eligible)   ☐ Declined Complimentary Bath

☐ Paid bath (cost is based on pet's weight)   ☐ Declined paid bath

Grooming Services (Please check all that apply)

☐ Pedicure   ☐ Anal Gland Expression   (must be boarding for at least 4 nights to be eligible)

** *By selecting a grooming service, you are authorizing the service at your expense*

_____

Unexpected Illness, Accidents or Emergencies:

Occasionally, pets will experience illness, or a condition will be aggravated during a boarding stay. If your pet becomes ill while staying at our facility.

Please choose one of the following options.

☐ I authorize OVAC to perform and exam, and any necessary testing/treatments to aid my pet in recovering from illness with **NO LIMT** on cost. I understand that I am financially responsible for any services incurred.

☐ I authorize OVAC to perform and exam, and any necessary testing/treatments up to $_____ (specify amount). If the necessary services exceed this amount, I wish to be contacted before the services are performed.

☐ I authorize OVAC to perform and exam ONLY. I wish to be contacted before any treatments are completed.

Note: OVAC *will* attempt life-saving resuscitation on any pet in our care unless you have signed a Do Not Resuscitate order.

☐ I do hereby put a DO NOT RESUSCITATE order on my pet while in the care of OVAC.

Emergency Contact Name: _____ **Phone #:** _____

****This contact will become the authorized agent to make decisions for your pet if you cannot be reached. You are responsible for all financial decisions made by your agent on behalf of your pet.*

Name: _____ **Signature:** _____ **Date:** _____