

Owners Name: \_\_\_\_\_ Pets Name: \_\_\_\_\_  
Emergency #'s and Contact Persons: \_\_\_\_\_

(Please list a number where you can be reached while gone, and also the # of a local friend or family member who may know your wishes.)

Dates Boarding: From \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm

**All boarding or hospitalized pets must be current on their vaccinations. If vaccines are not on record, and proof of vaccinations are not provided, your pet must be vaccinated.** Parasites (fleas, ticks, worms, etc.) diagnosed in patients will be treated in order to decrease the spread of infectious disease. We will provide emergency treatment if such treatment is deemed necessary. We will contact you (if possible) if the emergency is serious. Fees for any of these medical services will be due when your pet goes home. I agree to pay, in full, for services rendered including those deemed necessary for medical or surgical complications or unforeseen circumstances.

I agree to pay these fees at the time I pick up my pet from CVAH.

I understand that any estimate is an approximation and that the actual cost may be greater or less.

If I neglect to pick up my pet or contact CVAH within 3 days of the date I said I would, you shall assume that the pet is abandoned and you are hereby authorized to place the pet as you deem necessary. I understand that this does not release me from the bill for services performed.

**I have read the above conditions, understand and agree to abide by them.**

### VACCINATIONS

Please check the following:

- Vaccinated at Canyon View Animal Hospital  
 Vaccinated by another veterinary hospital.

Name of Veterinarian/Hospital \_\_\_\_\_

Your Dog/Cat Needs:

- Distemper  Rabies  Bordatella (Kennel Cough)  Exam

**REQUESTED TREATMENTS:** I request you perform these services for my pet during their stay:

Heartworm Test    Urinalysis    Wing Trim    Beak Trim    Nail Trim  
Fecal (stool check for parasites)    HomeAgain® Microchip    Express Anal Sacs  
Other \_\_\_\_\_

**Are there any behavioral or medical problems we should know about your pet(s)?**

**ADMINISTERING MEDICATIONS:** Those brought from home **MUST BE** in original prescription vial.

**\$4.00 per administration per day in ADDITION to boarding rate. Eye meds are \$5.00/administration/day**

Last dose given (date/time): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**DIET:**  Own Food     Our Food

Amount you feed daily \_\_\_\_\_

**If your pet does not eat well, we may offer him/her canned low residue food at approx. \$1.50 per can.**

**Additional Exercise : \$7.00/time/day – How many times a day? \_\_\_\_\_ How many days? \_\_\_\_\_**

**BATHS:** We make every attempt to keep pets clean during their stay but **if they become soiled (with urine/ feces), they will be bathed at your expense.** Please indicate if you would like your pet to be bathed before going home.

I request a  BATH on (date) \_\_\_\_\_

**PERSONAL ITEMS:** *We will make every effort to return any personal items left for your pet, however we cannot be responsible for their return.*

Please list personal items: \_\_\_\_\_

CVAH is open and staffed from 7:30am to 7pm M-T, 7:30am to 6pm W-F, and 9am-3pm Sat. There are no medical personnel here overnight (7pm to 7:30am M-F, on weekends (3pm Sat until 7:30am Mon), or on holidays (from closing time the day before until 7:30 or 9am the day the clinic reopens).

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_