

Patient Boarding Form

્ડ્ર	Pet Name:	3	Owner Name:	
A			Departure Date:	
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ار	Phone (day): Phone (evening):			
In case of emergency and owner unreachable, please contact:				
· CA	Emergency Contact: Phone: List any present injuries or medical conditions:			
•	MARY HO			
Medication instructions (Please specify am/pm and dosage):				
		Has your pet had their	medications yet today?	
Feeding (c	ircle one): Kennel (\$3.45/meal) / Own Food	Meals per day:	Amount per meal:	
that we ca		during their stay. If items are le	re-portioned into individual bags for each meal. Please note oft with us, we will make every effort to return them in the ge to pets' belongings.	
Yes / No	My pet has a history of aggression towards pe	eople (explain):		
Yes / No	es / No My pet has a history of chewing furniture/bedding/etc.			
Yes / No If possible, I would like for my pets to be boarded together in the same suite.				
Please ind	icate any add-ons requested during your pet	s stav:		
Add cot(applicable to Deluxe boarding only - \$5.75 per night)				
	Snack time – Frozen filled Kong (\$6.90/day)			
Extra play/TLC session with staff (\$11.99/day)				
Please indicate any grooming services requested during your				
pet's stay (circle selections):				
	Bath Package - includes nail trim & ear clea	· · · · · · · · · · · · · · · · · · ·	Nail Trim (\$21.99)	
	Nail Dremel (\$31.49)		Add on Dremel to Nail Trim (\$15)	
	Sanitary trim - (\$31.99		Brush out (\$23.49 per 15 mins)	
	Anal gland expression (\$2	-	De-shed Shampoo (\$26.99)	
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Emergency	y & Evacuation			
Veterinary medical fe	ur pet, East Riverside Veterinary Hospital will i Hospital must transport your pet to a safe are	not be held legally responsible f ea, you will be held financially ro I person, clinic, or boarding ken	picked up. If you or your emergency contact are unable to for your pet's safety or well-being. If East Riverside esponsible for travel and boarding expenses and any inel. In addition, you will be responsible for making	
Agreemen	t			
	·	•	ns regarding this pet. I understand that all pets must be	
			tay. I recognize that there are inherent risks of illness or	
injury when dogs are allowed to be in close contact with one another and thereby release East Riverside Veterinary Hospital of any liability arising from my dog's participation in playtime with other dogs. I acknowledge that if fleas are found on my pet, the hospital will administer an				
appropriat		ow if you have a preferred prod	duct). I grant East Riverside Veterinary Hospital permission	
there are r	I understand that during the services that no guarantees, expressed or implied, that the e veterinarians' and East Riverside Veterinary	I have authorized, unforeseen procedures and/or services autl Hospital's control. I am financia	conditions may arise. I acknowledge that I understand that horized will be without complications for unexpected eventily responsible for services rendered due at the time of	
discharge.	I have also been given a price quote if reques	ed.		

X______ Date: _____

the hospital cannot reach me, I give my consent to make any life-saving decisions required for my pet.

Yes / No In the event of an emergency, East Riverside Veterinary Hospital will try to contact the owner/agent responsible for making decisions. If