



Boarding Registration

Hours for check in & check out

M-F 8:00 - 5:15

Sat 8:30-11:30 & 4:30-5:00, Sun 4:30-5:00

(Hours are subject to change during holiday times)

Owner Information	Daily Fee Schedule* (Please Circle)	
Dates of Stay _____ to _____	Basic	VIP
Acct # _____	Cat	\$18.00 \$23.00
Owner's Name: _____	Dog up to 30 lbs.	\$28.00 \$34.00
Authorized Rep.: _____	Dogs 31 to 65 lbs.	\$30.00 \$36.00
Pet's Name: _____	Dogs 66 to 100 lbs.	\$32.00 \$38.00
Home Phone: _____	Dogs over 100 lbs.	\$34.00 \$40.00
Emergency Contact: _____	Puppies (under one year) will be charged an extra \$5.00 per day. Medication administration is \$6.00 per day (does not include after hours insulin)	
Emergency Phone #: _____	*Our daily rate is a per day charge, this includes the day you drop off and pick up regardless of the time of day.	
Belongings: _____	Guests staying longer than 2 weeks are required to pay in advance for half of their boarding charges.	
_____	Please see our boarding brochure for further information.	

Additional Services Requested (Please Circle & Additional Fee Applies)

Playtimes \$5.50 Yes No # Requested/What days _____

Walks \$3.50 Yes No # Requested/What days _____

Play Group \$10.00 Yes No # Requested/What days _____

Day Camp forms must be completed prior to boarding. Play groups are kept small and dogs are evaluated for placement with the appropriate playmates. All Day camp conditions apply.

Nail Trim: Yes /No Bath: Yes /No VIP Complimentary Bath: Accept/Decline

All baths include drying, ear cleaning, and brush out. A bath is included for our VIP dogs staying 5 or more days. We do not recommend routine baths for our feline friends. Please plan to pick your dog up after 11:30 to allow plenty of time for drying, if a bath was requested. Thank you.

For Office Use Only Weight _____ Fleas Yes No Ears _____ Staff Initials _____

History: Previous Veterinarian _____ Telephone # _____

<u>Dogs: Date Performed</u>	<u>Cats: Date Performed</u>
RV _____ Distemper _____	RV _____ Dist/FVRCP _____
BDA _____ Fecal _____	Fecal _____

Animal Information

Fecal analysis is required every six months for all animals boarding with us. Any animals found to have parasites **will be** treated at the owner's expense.

Please answer the following questions:

- Does your pet need any medication while boarding (an additional fee will apply)? Yes No
If yes, complete daily medication sheet
- How often do you feed your pet each day? Once AM or PM Twice Other _____.
Do you feed your pet wet or dry food? Wet Dry Both Amount _____.
Is your pet on a special diet? Yes No If yes, What? _____.
Animals boarding will be fed Purina EN, unless you supply your pet's food. Do you authorize feeding our feed out in the event your food supply runs out? Yes No (if no, what do we feed? _____)
- Has your pet been experiencing any problems with appetite, water consumption, bowel movements, vomiting or any other conditions? Yes No If yes, please explain _____ . Would you like your pet examined by a doctor? Yes No (If yes an additional physical charge will apply).
- Is your pet on any flea prevention? Yes No If yes, What? _____ . Last applied on _____ .
Pets found with external parasites upon entering this facility **will be treated** at the **owner's expense**.

Boarding Authorization

- I authorize Pioneer Valley Veterinary Hospital to treat my animal in case of any illness during its stay. I understand that I or the contact person I have listed will be informed, **if possible**, before treatment is started. **I agree to pay all costs incurred during treatment.**
- I **DO NOT** authorize Pioneer Valley Veterinary Hospital to treat my animal under any circumstances **EXCEPT** in cases of life threatening emergencies only. These include, seizures, bloat, and difficulty breathing. I understand that I or the contact person I have listed will be informed, **if possible**, before treatment is started. **I agree to pay all costs incurred during treatment.**

I have read and completed the above information and authorization for my pet. By signing below I certify that the above information is correct and I agree to all pay charges incurred during my animal's stay. I understand that the pick-up and drop off times are firm and if I am late I will be unable to pick-up or drop off my animal until the next day. I also understand I will be charged for an additional day for any animal not picked up as scheduled.

Signature (required)

Date

Witness

Date

Authorization for Animals to Board Together

I am requesting that while my animals _____ and _____ are boarding, they be kept together in the same kennel and/or run and if they are VIP they can have playtimes together. I will not hold the hospital responsible for any injuries they may sustain while playing or rough housing during their stay together.

Signature (required): _____

Date: _____