STANDARD BOARDING RELEASE

Client/Owner Name:

_____

Pet(s) boarding: _____ Arriving: ___/___/___

Departing: ___/___/___

I understand that Canyon Pet Hospital's boarding department is open every day, including holidays, between the hours of 8am to 6pm. I also understand that if I drop off or pick up my pet(s) outside of the above boarding hours, I will be charged a "late drop off / late pick up fee" of $20.00.
Drop off and Pick up times are between 9am to 5pm

In the unlikely event of a medical emergency the staff of Canyon Pet Hospital will make every attempt to contact you. Our staff will initiate necessary medical care until we are able to contact you. By signing below you are authorizing necessary treatment& agree to pay all fees incurred while your pet(s) are being cared for at Canyon Pet Hospital at the time of release.

Designated contact: _____ Phone #

_____

Emergency phone #(s)

_____

Person authorized to pick up/visit my pet(s)

_____

Please list all items brought into the hospital with your pet(s) including food & treats. We do our best not to lose anything. Some items may get chewed or soiled & they may go home in a different condition or not go home at all. We can provide bedding for your pet. Bedding from home is at risk for being lost if we try to wash it for you. It may be left soiled & bagged for return.

_____

🛑 *.......A boarding specialist will be out in a moment to fill out this portion of the paper work with you.*

REQUIRED VACCINES: Unless otherwise directed by a veterinarian.
DOGS: DAP, Rabies & Bordetella (Bordetella is required every 6 months)   **CATS:** FVRCP/Felv & Rabies
A current healthy pet exam is required for all pets receiving vaccines during their stay. If your pet does not have a current healthy pet exam on file with Canyon Pet Hospital, an exam will be performed at the time vaccines are given.

I understand a current healthy pet exam is required to receive required vaccines and I agree to pay all fees for required vaccines/exam (if needed). Initial: _____

Please have verification of vaccines if given elsewhere. Selected below are vaccines that will be administered during your pets stay.

DOGS: *RABIES* ☐   *DAP* ☐   *BORDETELLA* ☐   Owner Initial: _____ Boarding Nurse Initial: _____

CATS: *RABIES* ☐   *FVRCP* ☐   Owner Initial: _____ Boarding Nurse Initial: _____

Food and Medications

I would like my pet to be fed: ☐ Dry kennel food: ☐ Once per day   ☐ Twice per day   ☐ Free feed
Only dry kennel food is included in the price of boarding.   ☐ Food brought from home: ☐ Once per day   ☐ Twice per day   ☐ Free feed

Special food/treat instructions: _____

Medications:

Pet	Medication	Instructions

*****FLIP OVER*****

ADD-ON OPTIONS: Services available for an additional charge

I would like my pet(s) to have a bath the day prior to the checkout date for an additional charge. ☐ *Yes* ☐ *No*

I would like my pet(s) to have their nails trimmed while boarding for an additional charge. ☐ *Yes* ☐ *No*

I would like my pet(s) to have an examination while boarding for an additional charge. ☐ *Yes* ☐ *No*

K9 VIP plan: ☐ *Once per day ($10)* ☐ *Twice per day ($14)* ☐ *Decline K9 VIP plan*

K9 VIP Plan includes a 20 minute walk/playtime (weather/time permitting), individual playtime with a member of our staff & a special treat.

I understand walks/outside playtime is provided only as weather/time permit & I will only be charged for walks/playtime received. Initial: _____

Special walking/playtime instructions: _____

Feline VIP plan: ☐ *Once per day ($4)* ☐ *Decline Feline VIP plan*

Feline VIP Plan includes 20 minutes of exercise time, individual play time with a member of our staff & a special treat.

Signature: _____ **Date:** _____