



CANYON PET HOSPITAL

NORTHERN ARIZONA'S PREMIER VETERINARY HOSPITAL

BOARDING DAY STAY RELEASE

Drop off and Pick up times are between 9am to 5pm

Client / Owner Name: _____ Name(s) of pet(s) boarding: _____

Boarding Date: ____/____/____ Pick up time: _____

****REQUIRED VACCINES:**

FOR DOGS: DAP, Rabies & Bordetella (Bordetella is required every 6 months)

FOR CATS: FVRCP & Rabies

****Unless otherwise directed by a veterinarian**

I would like my pet to be fed: _____ Dry kennel food _____ once _____ twice _____ free feed
 _____ Food brought from home _____ once _____ twice _____ free feed

Additional instructions or other procedures to be done while my pet(s) are boarding:

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 and agree to pay all fees incurred while your pet(s) are being cared for at Canyon Pet Hospital at the time of release.

Owner/Agent signature _____ Date _____

Designated contact _____ Phone # _____

Emergency phone #(s) _____

Authorized person(s) to pick up my pet(s) _____

*****For Office Use Only*****

<u>DAP</u> Needed: Yes <input type="checkbox"/> No <input type="checkbox"/> Date given: _____ Staff initials: _____	<u>Rabies</u> Needed: Yes <input type="checkbox"/> No <input type="checkbox"/> Date given: _____ Staff initials: _____	<u>FVRCP</u> Needed: Yes <input type="checkbox"/> No <input type="checkbox"/> Date given: _____ Staff initials: _____	<u>Bordetella</u> Needed: Yes <input type="checkbox"/> No <input type="checkbox"/> Date given: _____ Staff initials: _____
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