



TLC Boarding Information

GENERAL INFORMATION		
Pet's Name	Age	Description of pet <input type="checkbox"/> K-9 <input type="checkbox"/> Fel <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Spay/Neuter
Date and time of admission		Estimated check out date and time
Owner's Name		
Address	City	Zip
Home Phone	Cell phone	Work phone
Name of your Veterinarian		
Pet's personal belongings (we will take great care with your pet's belongings, however, the hospital is not responsible for any items left with your pet)		
Is your pet taking any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of medication	Dose	Time last given
Name of medication	Dose	Time last given
Name of medication	Dose	Time last given
Name of medication	Dose	Time last given
Veterinary Services: What services would you like the veterinarians to provide while your pet is boarding (please check Y or N). Vaccines and certain tests require a physical exam.		
Feline Guests		Canine Guests
Feline distemper vaccine <input type="checkbox"/> Y <input type="checkbox"/> N		Canine distemper vaccine <input type="checkbox"/> Y <input type="checkbox"/> N
Rabies vaccine <input type="checkbox"/> Y <input type="checkbox"/> N		Rabies vaccine <input type="checkbox"/> Y <input type="checkbox"/> N
Early detection blood analysis <input type="checkbox"/> Y <input type="checkbox"/> N		Kennel cough vaccine <input type="checkbox"/> Y <input type="checkbox"/> N
Intestinal parasite (fecal) test <input type="checkbox"/> Y <input type="checkbox"/> N		Early detection blood analysis <input type="checkbox"/> Y <input type="checkbox"/> N
Feline leukemia vaccine <input type="checkbox"/> Y <input type="checkbox"/> N		Intestinal parasite (fecal) test <input type="checkbox"/> Y <input type="checkbox"/> N
Physical exam <input type="checkbox"/> Y <input type="checkbox"/> N		Physical exam <input type="checkbox"/> Y <input type="checkbox"/> N
Concerns/Problems		Concerns/Problems
What diet should we feed your pet? <input type="checkbox"/> Own diet <input type="checkbox"/> Royal Canin Digestive Low Fat		
Name of food	How much?	Times per day?

Name of person(s) authorized to make medical decisions in case you cannot be reached.

Name

Phone

Name

Phone

Number where you can be reached while gone

Special Instructions: Please list any other instructions that you feel will be important for us to know.

We would like to give you updates about your beloved pet while they are boarding with us.

I would like updates via email. _____ Phone _____

I would like an update:

Daily Weekly Every other day I decline all updates

BOARDING INFORMATION

Deluxe accommodations include lodging in our specially designed suites or runs and feeding twice a day with Royal Canin Digestive Low Fat (or, if you prefer, owner-provided diet). Fresh water will be available at all times. Your pet's quarters are cleaned and sanitized at least twice each day. Exercise for our canine residents will be provided four times daily in our outdoor dog park.

For your pet's protection, his/her yearly physical exam and all vaccines must be current before admission to the boarding facility. Bordetella, a specific kennel cough vaccine, is required every 12 months. Your pet must be free from internal and external parasites. Pets determined to be carrying parasites will be treated at their owners' expense.

Additional Special Services

You may request that special services be provided while your pet is in our care. Please inquire with the client service representative at the time you bring your pet to visit with us. A few of the additional services we provide are:

Nail Trim Bath Anal gland expression

When your pet returns home, please do not allow him/her to eat or drink excessively. This is a common mistake and often causes vomiting and/or diarrhea. Wait at least one hour before giving a small portion of food or water. Please call if you have any questions.

I understand that my pet will receive the best possible care and that Santa Cruz Veterinary Hospital will take every precaution to protect the health and welfare of my pet. In spite of all reasonable precautions, certain injuries and illnesses may be unavoidable. Should unexpected health concerns arise, I accept the judgment of the doctors and staff of Santa Cruz Veterinary Hospital and give my permission for any medical diagnostics and treatments deemed necessary. I also understand that although every attempt will be made to contact me to authorize such treatment, I will be responsible for all costs incurred. Santa Cruz Veterinary Hospital requires payment in full for all services upon the release of my pet.

Owner's or Agent's Signature

Date