Boarding Information Sheet

*** Please Complete & Return at Time of Admission ***

Pet's Name: **<animal>** Dog / Cat Breed: **<species> / <breed>**
Owner's Name: **<client>,<contact>**
Phone Numbers: Cell: (<area>) **<cell-phone>** Home:(<area>) **<phone>** Check-out date: **<check-out>**
Emergency Contact Name: _____ Phone: (_____) _____-_____
Others authorized to pick up in your absence:
_____

VETERINARIAN: _____ PHONE: (____) _____ - _____

If you have more than one pet boarding would you like to board them together _____ or separately _____ (Dogs with dogs and cats with cats only) Dogs 55 lbs or more, cannot be kenneled together

General Pet Health Questions: No Change in Health From Last Stay: Initials: _____
1. Has your pet been diagnosed with any medical conditions, or disorders? Yes / No
If yes, please list:
_____
___
2. Does your pet have any allergies or sensitivities to anything? Yes / No
If yes, please list:
_____
___
3. To the best of your knowledge, does your pet have any food, treat, or toy aggression with people or other animals? Yes / No
If yes, please describe:
_____
4. Does your pet have any special needs? Yes / No
If yes, please describe:
_____
5. Is your pet prone to any recurrent problems? Yes / No
If yes, please list:
_____
___

Dietary Requirements: No Change in Diet From Last Stay: Initials: _____
**Changing an animal's diet suddenly can lead to stomach upset and other GI issues, which is why we ask that you bring your pet's own food so that we can help reduce those risks. Please make sure that you bring enough food for the duration of your pet's stay with us plus a few extra days worth (to be safe). Also, please only bring food and treats that your pet is already familiar with rather than introducing any new or "special" foods.
Name of Diet: _____ Dry / Canned / Both (Circle)
Quantity: _____ Frequency:
_____
Special Feeding Instructions:
_____
_____

_____

Please initial one of the following:

_____I have previously completed a Boarding Authorization Form (BAF) and it is on file at WVH. No pertinent information has changed since that time.

___X__ I am completing a BAF today.

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WVH has a spacious grassy yard for our canine guests to enjoy that is enclosed with a 6 foot high wooden privacy fence. Please understand that "off leash" access to our yard will still be under the supervision of one of our staff members, and is permitted at our discretion for the safety and wellbeing of our guests.

My dogs _____ can or _____ cannot be out in yard together.

Please **initial** your preference below:

_____ I would like my dog walked on a leash at all times.

_____ I would like my dog to have attended "off leash" access to the yard. I understand that by choosing this option there are inherent risks (however small). I also ensure, to the best of my knowledge, my pet does not dig under, climb, or jump over fences.

Medications: No Change in Medication From Last Stay: Initials: _____

Name of Medication: _____ Dose: _____

How often do you give the medication? _____ Time of Day _____

Was it administered on day of admitting? _____ If yes, what time was it given? _____

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Belongings Brought with Pet: Please label ALL items.

If you would like to bring your own blankets and beds for your companion, WVH cannot be held responsible if they are damaged or destroyed. You may bring along 2 toys for your pet to enjoy while they are staying with us. Please choose carefully – as WVH is not responsible for any items destroyed or lost while in our care.

Items brought (please provide descriptions): Treats: _____

Leash: _____Collar:_____

Toys: (description) _____

Carrier: _____

_____

Other (please describe in detail):_____

Permission to supply a blanket: Yes No (If no, please explain_____)

Unless space is available in the large dog runs, any dog under 25 lbs, will be charged the large dog price for boarding in a run instead of a kennel.

We appreciate that you have entrusted us with the care of your companion during your absence. To ensure the safest environment for all guests and patients staying at our facility we have set the following guidelines:

1. We are only able to accept Canine and Feline guests for boarding.
2. Dogs must be current (for their age) on vaccinations for Rabies, Distemper, Parainfluenza, Parvovirus & Bordetella (Bordetella given at least 2 week prior to boarding)
3. Cats must be current on vaccinations for Rabies, Rhinotracheitis, Calici, Chlamydia Psittaci, Leukemia & Panleukopenia.
4. All guests must have had a negative fecal test done within 6 months (for dogs) or 12 months (for cats) of being boarded.
5. Upon admission, all guests must be free of ticks, fleas, and flea dirt or we will treat accordingly at the owner's expense.

_____

<date>

Signature

Date

Boarding Consent and Release Form

Required notice: Lack of Fire suppression and overnight staffing.

Western Veterinary Hospital (the "Facility"), as is allowed by Texas law, is not equipped with an on-site fire suppression sprinkler system and does not employ on-site personnel during the hours of 7pm and 7am. All animals boarded at the Facility will be left unattended during those times.

OWNER CONSENT AND RELEASE FOR DOG OR CAT TO BE LEFT UNATTENDED DURING BOARDING

<date>
<client>,<contact>
<address>
<city>, <st> <zip>
(<area>) <phone>, <cell-phone>
<animal>
<breed>
<age>
<weight>
Veterinarian:_____
_____
Veterinarian's
Phone:_____

I, the undersigned client, hereby give my consent for my pet named above to be boarded at the Facility on the following dates: <check-in>-<check-out>.

I acknowledge that I have received and read the Facility's notice its lack of fire suppression and overnight staffing. I understand and acknowledge that the Facility is not equipped with an on-site fire suppression sprinkler system. I further understand and acknowledge that the Facility is unstaffed between the hours specified in the notice and that my pet will be unattended during those times during their boarding stay.

By signing this consent form, I agree to release the Facility, its owners, employees and agents from any and all liabilities, claims or expenses arising from my pet's boarding stay, including but not limited to injuries, illnesses or death.

I have read and understood the statements outlined in the notice and in this consent form and release. I voluntarily consent to my pet staying at the Facility and acknowledge that I

solely responsible for any consequences that might arise during their stay.

Client's Signature:_____Date:<date>

A REMINDER TO ALL OF OUR VALUED CLIENTS:

As a courtesy to you, we offer weekend and holiday pickups. Our drop off times Saturday are 8:00 am and 6:00 pm. Our pickup times are Saturday and Sunday 8:00 am and 6:00 pm. Please let us know when you drop off if you think that this is something that you will be needing.

Should you happen to get back from your trip early and would like to pick up your fur babies on a weekend or holiday, please call or text 254-368-8360 and let Becki know so that she can notify the boarding tech to expect you at either 8:00 am or 6 pm.

We do not make special trips up for pickups, the hospital is closed, so please adhere to these times.

Thank you and enjoy your time away as we certainly enjoy your babies!!!

The Boarding Staff of Western Veterinary Hospital, PLLC