

# Care and Comfort Veterinary Hospital

## Boarding Registration Form

Reservation Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Phone number(s) where we can reach you: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

### Feeding

What type of food does your pet eat? \_\_\_\_\_

Please list feeding instructions: \_\_\_\_\_

Did your pet eat today before arriving? \_\_\_\_\_

### Medicine

Does your pet have any medical conditions such as allergies or behavioral conditions we should know about?

\_\_\_\_\_

Is your pet currently on any medications including flea control? \_\_\_\_\_

If yes, please list medications and instructions:

\_\_\_\_\_

\_\_\_\_\_

Did your pet receive medications before arriving? \_\_\_\_\_

### **Vaccination and Flea Prevention: (Please Read and Initial)**

For your pet's protection, all vaccines must be current. We require written proof or phone confirmation from where your pet's vaccines were administered. If vaccines are not current, they must be administered for your pet to stay in the hospital boarding area. We are a "Flea Free" hospital. If fleas are seen on your pet during the technician's examination, we will give your pet a 30 day flea treatment with cost ranging from \$18 - \$25.

\_\_\_\_\_ (Initials)

### **Permission to Treat: (Please Read and Initial)**

Should my pet(s) become ill, Care & Comfort Veterinary Hospital may provide all medical and surgical treatment deemed necessary in the doctor's professional judgment. I acknowledge that in the event of my pet's illness, the Care & Comfort Veterinary Hospital staff may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expenses associated with treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.

Authorize: \_\_\_\_\_ (Initials) Decline: \_\_\_\_\_ (Initials)

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_