

Victor Veterinary Hospital Boarding Services and Release Form

Boarding at Victor Veterinary Hospital offers the peace of mind of knowing that your pet is being cared for in a qualified medical facility offering specialized treatment as well as lots of tender-loving care. Small, medium, and large kennels are available depending on your pet's size, as well as a fenced play-yard and outdoor kennels where animals are turned out at least twice per day. For social pups, play groups with other friendly dogs are organized by our staff based on your pet's personality. Ask us about our variety of additional comforts to keep your pet content in your absence. Please take a moment to let us know how to best care for your pet by providing the following information.

Owner Name: _____

Contact Number During Boarding Period: _____

Address of Owner: _____

Name of Pet(s): _____

Emergency Contact: _____ Phone #: _____

Drop-off Date: _____ Time: _____ Pick-up Date: _____ Time: _____

Boarding Policy:

Pick-ups and drop-offs are during office hours unless arranged otherwise.

After-hours pick-ups and drop-offs require preapproval by VVH and a surcharge paid at drop-off.

Boarding charge is for a full day regardless of drop-off time.

Pick-ups before noon will incur no boarding charges for that day.

The cancellation policy is as follows:

In case of illness or injury, I, the undersigned, do hereby give my consent for the doctors of the Victor Veterinary Hospital to treat, prescribe for, or operate upon my pet(s) while they are being boarded at Victor Veterinary Hospital.

They are to use all reasonable precautions against illness, injury, or escape of my pet(s), but they will not be held liable or responsible in any manner whatever, under any circumstances, on account of the care, treatment, or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks.

Should the circumstance arise that my pet(s) remain unclaimed after the date of which I have states as the pick-up date, I understand that written notice will be mailed to the address above. Seven days after such written notice, the pet(s) will be considered abandoned. It is further understood that such action will not relieve me from paying all costs of your service and the use of your hospital, including the cost of boarding service.

Signature of Owner/Representative of Owner

Date

Please help us present your pet with the best possible care by answering a few questions:

We like to keep your dog's stay interesting by selecting play groups where your dog will be turned out with other friendly boarding dogs. We supervise dogs intently while they are first turned out together to ensure everyone will get along.

I do not want my dog(s) turned out with any other dogs while he/she is here.

Pet #1 Name: _____ **Age:** _____

(circle) DOG CAT Breed: _____ Color: _____

Is your dog a fence jumper? Y / N Fence Climber? Y / N Hole digger? Y / N

Personality (please let us know how they are with people? Other dogs? Bad habits?) _____

Any Known Allergies? _____

Feeding Instructions:

Please feed my dog kennel food (Purina E/N) Amount fed: _____

I brought food (brand): _____ Amount fed: _____

(please circle) 1x 2x 3x per day.

Medication Instructions: (extra fees apply)

Med#1: _____ Amount Giving: _____ AM Noon PM

Med#2: _____ Amount Giving: _____ AM Noon PM

Med#3: _____ Amount Giving: _____ AM Noon PM

Vaccine History:

My dog/Cat is up to date on all vaccines (VVH must have copy of current vaccines)

My pet needs (please circle): Rabies Bordetella DHLPP Lepto FeLV FIV

Pet #2 Name: _____ **Age:** _____

(circle) DOG CAT Breed: _____ Color: _____

Is your dog a fence jumper? Y / N Fence Climber? Y / N Hole digger? Y / N

Personality (please let us know how they are with people? Other dogs? Bad habits?) _____

Any Known Allergies? _____

Feeding Instructions:

Please feed my dog kennel food (Purina E/N) Amount fed: _____

I brought food (brand): _____ Amount fed: _____

(please circle) 1x 2x 3x per day.

Medication Instructions: (extra fees apply)

Med#1: _____ Amount Giving: _____ AM Noon PM

Med#2: _____ Amount Giving: _____ AM Noon PM

Med#3: _____ Amount Giving: _____ AM Noon PM

Vaccine History:

My dog/Cat is up to date on all vaccines (VVH must have copy of current vaccines)

My pet needs (please circle): Rabies Bordetella DHLPP Lepto FeLV FIV

Pet #3 Name: _____ Age: _____

(circle) DOG CAT Breed: _____ Color: _____

Is your dog a fence jumper? Y / N Fence Climber? Y / N Hole digger? Y / N

Personality (please let us know how they are with people? Other dogs? Bad habits?) _____

Any Known Allergies? _____

Feeding Instructions:

Please feed my dog kennel food (Purina E/N) Amount fed: _____

I brought food (brand): _____ Amount fed: _____

(please circle) 1x 2x 3x per day.

Medication Instructions: (extra fees apply)

Med#1: _____ Amount Giving: _____ AM Noon PM

Med#2: _____ Amount Giving: _____ AM Noon PM

Med#3: _____ Amount Giving: _____ AM Noon PM

Vaccine History:

My dog/Cat is up to date on all vaccines (VVH must have copy of current vaccines)

My pet needs (please circle): Rabies Bordetella DHLPP Lepto FeLV FIV

Pet #4 Name: _____ Age: _____

(circle) DOG CAT Breed: _____ Color: _____

Is your dog a fence jumper? Y / N Fence Climber? Y / N Hole digger? Y / N

Personality (please let us know how they are with people? Other dogs? Bad habits?) _____

Any Known Allergies? _____

Feeding Instructions:

Please feed my dog kennel food (Purina E/N) Amount fed: _____

I brought food (brand): _____ Amount fed: _____

(please circle) 1x 2x 3x per day.

Medication Instructions: (extra fees apply)

Med#1: _____ Amount Giving: _____ AM Noon PM

Med#2: _____ Amount Giving: _____ AM Noon PM

Med#3: _____ Amount Giving: _____ AM Noon PM

Vaccine History:

My dog/Cat is up to date on all vaccines (VVH must have copy of current vaccines)

My pet needs (please circle): Rabies Bordetella DHLPP Lepto FeLV FIV