

Columbus Veterinary Medical Center

Boarding Form

Owner's Name: _____ Pet's Name(s): _____

Date In: _____ Date Out: _____

Home Phone: _____ Cell: _____ Email: _____

Which of these is the best to reach you while your pet is boarding: _____

Emergency Contact: _____ Phone(s): _____

*I authorize my Emergency Contact to make medical & financial decisions in my absence. Initial YES _____ or NO _____

To protect the health of your pet and the hospital's patients, all pets boarding MUST be current on their vaccinations.
Canines require-Rabies vaccine, DHPPv (distemper) vaccine, Kennel Cough (Bordetella) vaccine
Felines require- Rabies vaccine, FVRCP (distemper) vaccine, Feline Leukemia vaccine

I would like my pet to have the following additional services provided while boarding:

___ Bath: Type of bath: ___ Regular(\$12) ___ Aloe/Oatmeal(\$12) ___ Flea/Tick(\$12) ___ Medicated(\$14)

___ Nail trim (\$12)

___ Anal Gland Expression(\$21)

MEDICATIONS-We are happy to give daily medication to your fur baby. Please list all medications (and dosages) below and give them to the receptionist after filling out this form.

There will be a \$3/day charge per pet for them to receive the medication while boarding.

Pet's Name	Drug Name & Strength	Dosage Instructions	When was the last dose given

FOOD- We feed Hill's Sensitive stomach diet (chicken) to canines, and Purina cat chow (chicken) to felines.

If you are okay with the diet we offer how much would you like us to feed your animal: _____

If you want to bring your own food to prevent any stomach upset, please list the food and feeding instructions. Please give the food to the assistant when they take your pet.

Food Brand/Type & amount to feed: _____

Frequency of feeding: Once daily: _____ If so AM only: _____ PM only: _____ or Twice Daily: _____

Fleas-To prevent flea infestation of the hospital and it's patients, all incoming pets will be treated with a capstar (this kills all adult fleas currently on your pet). THIS treatment will cost \$7-\$8.

Please Initialize: _____

Intestinal Parasites- All pets will receive a fecal exam at no charge to make sure they are free of intestinal parasites. If parasites are found, they will be dewormed at the owner's expense to keep our facility parasite free and protect all of our patients.

Do you want to receive a phone call if deworming is needed?

___ Yes, call me before deworming

___ No, I approve deworming and will be informed at pick up

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Illness- Occasionally while boarding some pets may develop stress diarrhea from the change in food and/or environment. These issues are usually mild and temporary. We provide a discount dietary stress medication package for any pets that experience intestinal issues while boarding. This package includes probiotics, bland diet, and GI medications. Initial below if you want us to treat your pet should any of these mild GI issues arise.

_____ Please treat my pet for any minor intestinal upsets that occur while my pet is boarding with you. I understand this treatment may incur minimal charges of \$45-50.

_____ Please call me with any issues BEFORE any medical treatment is provided.

Emergency- Should your pet require emergency care, ie. cardiopulmonary resuscitation (CPR), administering emergency drugs, X-rays, and/or oxygen therapy. Do we have permission to proceed with treatment should your pet require these services.

_____ Yes, I acknowledge my pet will receive emergency care if needed and I will be responsible for all costs of such care.

_____ No, I hereby request no person shall intervene nor emergency measures shall be taken to resuscitate my pet.

I understand and agree that any incurred boarding or medical expenses will be the responsibility of the owner or agent and must be paid for at the time the pet is picked up.

Authorized owner/Agent: _____ Date: _____

CVMC Staff Initials: _____