



# Carmel Mountain Ranch Veterinary Hospital

V.I.P. (Very Important Pet) Club Boarding Form

Owner: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Go Home Date: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

Phone Number (Where you can be reached):  
\_\_\_\_\_

Emergency Contact Person/Phone Number (Can authorize treatment if needed) :  
\_\_\_\_\_

Diet: HOSPITAL FOOD  OWN FOOD   
Feed: AM  PM  BOTH  How much: \_\_\_\_\_ cups  
How much: \_\_\_\_\_ cans

MEDICATION/DOSE	HOW OFTEN	AM/PM
1.		
2.		
3.		

HAS ANY MEDICATION BEEN GIVEN TODAY/WHEN: \_\_\_\_\_

HAS <animal> BEEN FED TODAY? (circle one) YES NO

IF BOARDING MORE THAN ONE PET: I WOULD LIKE MY PETS BOARDED TOGETHER.

(circle one) YES NO

*I understand that if my pets do not do well together they will be separated.*

Initial One: Basic Package \_\_\_\_\_ Club Package \_\_\_\_\_ Spa Package \_\_\_\_\_  
Extra Play OR Extra Brushing Extra Play AND Extra Brushing

- Some dogs may lose their voice or get diarrhea if they are stressed or bark too much. We need your permission to give a gentle sedative (for an additional fee) as needed if we feel <animal> may be compromised in this manner. \_\_\_\_\_ (Initial)
- Capstar will be administered if fleas are seen on your pet on admission or during their stay. This will help ensure your pet's comfort while boarding. This is not optional. There will be an additional (discounted) fee for this service. \_\_\_\_\_ (Initial)
- Capstar can be administered upon exit for all pets. Though our facility is flea-free, your pet's walks take them into grassy areas where they are exposed to fleas. This dose of medication will keep your pet flea-free for 24 hours. There will be an additional (discounted) fee for this optional service. Please initial one: \_\_\_\_\_ YES  
\_\_\_\_\_ NO

**WE DO NOT RECOMMEND LEAVING ANY PERSONAL ITEMS WITH YOUR PET DURING THEIR STAY. WE ARE NOT RESPONSIBLE FOR ANY ITEMS THAT ARE LOST, BROKEN OR CHEWED ON. PLEASE INITIAL HERE \_\_\_\_\_ AND DESCRIBE ANY ARTICLES YOU WISH TO LEAVE WITH YOUR PET BELOW:**

\_\_\_\_\_  
\_\_\_\_\_

*I understand that should <animal> require medical care while boarding I give my permission for said care. I assume financial responsibility for all charges incurred on behalf of <animal>. I understand that the hospital staff will attempt to reach me, or <animal>'s appointed guardian, by phone. This hospital is hereby given disposition authorization of <animal> unless I, or my authorized agent, pick up and pay all accrued charges for <him> within 14 days after notification that <he> is ready to be released from the hospital.*

I wish to admit my pet \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Please be aware, this facility like all other day practices, is not staffed overnight.