

Risinger Veterinary Hospital
Boarding Information and Authorization Form

Client: _____ **Patient(s):** _____

Requested Dates: _____

All animals admitted must have been fully vaccinated within 2 weeks of the requested boarding appointment and be free of external parasites.

_____ I acknowledge that my pet will be given a **Capstar** upon **check in and check out** at an **additional cost** in order
(initial) for Risinger Veterinary Hospital to maintain a flea free environment.

_____ I acknowledge that the pick-up time is by 10AM. If I cannot pick up my pet by 10AM I acknowledge that I
(initial) will be charged for a full day of boarding.

Please give us some more details about your pet by filling out the following so we can make his/her stay here a little more comfortable:

- Is your pet currently on any medications? **YES / NO**
(If so, there may be an **additional cost** if he/she is difficult to medicate or should require extra assistance)

- Is your pet on a specific food? **YES / NO**
If yes, what kind of food? _____

Are you providing the food? **YES / NO**

(We feed Purina EN dry food in our kennel. If your pet is on a specific food and you have not provided the food there may be an **additional cost**. If he/she is not eating we will offer Purina EN canned food.)

- Are there any of your belongings that will be staying here with your pet? If so, please list:

- Are there any other special instructions for your pet?

- If your pet needs medical attention during his/her stay, the staff at Risinger Veterinary Hospital **HAS / DOES NOT HAVE** my permission to provide the treatment as they see fit, at an **additional cost**.

(circle one)

I have read the above conditions for boarding and acknowledge that I may have a copy of this form, if requested.

All fees for services are due at the time of pick-up.

Emergency Contact Number(s): _____

Owner/Agent's Signature: _____ **Date:** _____