

Ripon Veterinary Hospital
Canine Boarding Authorization Form

We provide the necessary accommodations to ensure your dog is as comfortable & cozy as possible while in our care. Food, bedding, treats & toys are provided. It is our policy not to bring items from home.

Boarding rates are charged per dog, per night, no discounts for dogs boarding together.

Owner's Name: _____

Name of Pet: _____

Date of arrival: _____

Date of pick-up: _____ **Because this kennel has further reservations, there will be an extra charge of \$10 per dog, per day, if picked up later than your reservation date.**

Emergency contact. While boarding, if we have questions or concerns about your pet who do we call?

Name & Phone Number of Contact: (_____) _____ - _____

Alternate Contact & Phone Number:(_____) _____ - _____

Requested services while my pet is boarding:

() I authorize an examination fee to have my pet examined for: _____

() **Vaccinations needed:** Dhlp-pv Dhp-pv(no lepto) Bordetella Rabies
and are requested to be administered by a DOCTOR or a TECHNICIAN?

() Vaccinations are current and verified.

() Medications to be administered and instructions, & please give date and time last dose was given: _____

Feeding Instructions:

Feed DRY or CAN Amount to feed: _____ cups/can _____ times a day. Time of day AM / PM.

For Females:

Is your dog in heat, ready to go into heat, or just out of heat? **YES / NO**

(If your dog is in heat while boarding with us you will be charged an additional **\$5.00 per night**)

Walking Authorization:

() I authorize my pet to be taken outside the building for a daily walk.

() I prefer my pet **NOT** be taken outside the building for walks.

We do our best to be a Flea-Free Facility; any pet that arrives with fleas will be treated with proper flea treatment and charged to the owner. Current vaccinations are required to board your pet. Proof is required. Our Doctor will administer any vaccinations necessary at the expense of the Owner. I authorize Ripon Veterinary Hospital to treat my dog to the best of their abilities including any diagnostic, therapeutic and/or surgical procedure should an unforeseen medical condition arise while in their care.

I agree to the above.

Owner Signature: _____ **Date:** _____