

BOARDING FORM

●ORLAND VETERINARY HOSPITAL ● 1137 EIGHT STREET ORLAND, CA 95963 ● (530) 865-4478●

● www.orlandvethospital.vetsourceweb.com ●

Monday – Friday 8:00 AM - 5:00 PM, Saturday 8:00 - 12:00 PM,
(Sunday- Only if prearranged and prepaid). Payment for all services are due at the time of pick-up.

Clients Name: _____ Contact Number/Cellphone: _____ Date: _____

Emergency contact person: _____ Phone _____ May they authorize treatment? Y / N Pick up: Y / N

Proof of current vaccinations are required for boarding at OVH. If no proof is provided, the veterinary staff will administer the vaccine at your cost. The required vaccines for **Dogs** are **DHLPP & Rabies**. The required vaccines for **Cats** are **FVRCP-LK & Rabies**. Please have any outside vaccination records available at check-in.

1. **Name** _____ **Breed** _____ **Color** _____ **Sex** _____ **Age** _____ **Meds?** Y / N

Dates of last vaccines: DHLPP _____ Bordetella _____ Rabies _____ FVRCP _____ Leukemia _____

Normal diet: Brand, amount , schedule, allergies _____

2. **Name** _____ **Breed** _____ **Color** _____ **Sex** _____ **Age** _____ **Meds?** Y / N

Dates of last vaccines: DHLPP _____ Bordetella _____ Rabies _____ FVRCP _____ Leukemia _____

Normal diet: Brand, amount , schedule, allergies _____

Medications? Please list with directions (additional fees apply): _____

Feeding Instructions: _____

Did you bring bedding, toys, or food? _____

Please check any behaviors that apply to your pet: Quiet___ Fearful___ Aggressive with Animals/people___ Eats Rocks___

Noisy___ Escapist___ Fence Climber___ Epileptic___ Arthritic___ Shy___ Bites___ Digger___ Deaf___ Blind___

Other Procedures and Problems to Check / Treat

Annual boosters Nail trim Anal gland express Check/clean ears

Annual exam Fecal Bathe on discharge Surgical/dental procedures

Other procedures _____

Boarding Terms:

I authorize OVH staff to treat my pet for any visible parasitic condition at my expense. These include fleas, ticks and intestinal parasites. _____ initial

Any items brought with your pet are left at your own risk/liability. Toys and bedding may be laundered or cleaned at our discretion. OVH will not be held responsible for anything left. Please **list** all items brought with your pet on the reverse side. Please **mark** all such articles with a permanent marking pen, including food, treats, toys, bedding, leashes, collars, tags, etc. _____ initial

Any medications needing to be administered must be clearly labeled with the type of medication and instructions for use. Any complications as a result of their use may be addressed by the veterinary staff at your cost. There is an additional fee for administering medications and giving insulin injections. _____ initial

If a medical condition develops during your pet’s stay, all efforts will be made to contact you as soon as possible. In case of emergency, veterinary care may be administered prior to notification. An emergency contact is extremely important for such situations. The owner will be held responsible for any reasonable treatments deemed necessary by OVH staff. _____ initial

Food and treats supplied by the owner need to be packaged in plastic bags one meal per bag. Do not include meat or bones (raw or cooked). _____ initial

Dogs will be walked as deemed needed during the day in a non-enclosed area. Staff will take all precautions in walking your dog to prevent escape or injury. We do not have personnel on site at night. If you have any concerns with this please let us know. _____ initial

I agree to release and indemnify Orland Veterinary Hospital, its owners, staff, employees, or other representatives from any and all liability for the escape, injury or death of my pet while boarding at Orland Veterinary Hospital. Any pet left after scheduled pickup day without notice will be deemed abandoned. We will make every effort to contact you. A registered letter will be sent to the address on file. If no response is received after 15 days, the OVH will then be authorized to dispose of the animal as deemed fit. _____ initial

Date _____ **Owner’s Signature** _____