

Boarding Registration and Agreement Form

Boarding Check-in Appointment Times are available:

Monday - Friday 8:00 am - 5:15 pm Saturday 8:00 am - 11:30 am and 4:00 pm - 5:00 pm Sunday 4:00 pm - 5:00 pm

Boarding Reservations Must be Scheduled in Advance

Client's Name:				Pet's Name:				Client ID:			
Dates of Stay:				Check-Out Time:				☐ Chec	k to Confirm		
Primary Contact # for Owner While Away:											
Emerge	ncy Contact N	lame:			Emergency Contact #:						
Authoria	zed Represen	tative:		Authorized Rep. #:			p. #:				
In the event the owner cannot pick up their pet from boarding, an authorized representative is required who can legally claim the pet on behalf of the owner. PVVH cannot discharge the pet to anyone aside from the owner or someone authorized by the owner.											
Boarding Charges		Basic	VIP*				Boarding rates are charged per day, including days of arrival and departure.				
Cat		26.50	32.50	☐ Bas	☐ Basic ☐ VIP		All boarding charges must be paid in full before the pet will be discharged. For pets scheduled to board for longer than 2 weeks, a deposit equalling half of the stay must be paid in advance. Additional fees apply for requested services, care for puppies under a year old, specialized care, medication administration (single fee per day), care				
Dogs up to 30 lbs.		36.50	44.50	☐ Bas	☐ Basic on:						
Dogs 31 - 65 lbs.		38.50	46.50	1							
Dogs 66 to 100 lbs.		40.50	48.50	☐ VIP on:							
Dogs over 100 lbs.		42.50	50.50	7	0						
Exotics		27.50		Extra Walks For Basic Only - 4.00 ea.		ea.	for "handle-with- care" pets, and excessive cleanups. *Extra play times reserved for working dogs only.				
Additional Services			eight) All baths include ear cleaning, brush and drying time. Paid for baths also in complimentary nail trim. **Complimentary baths are offered to boarders staying 5 or more days. Boarders for felines.			baths also include are offered to VIP ore days. Boarders					
For Office Use Only	Weight:	Fleas: Y		/ N Ears		::		Staff:			
	Name of Vete	Contact #:									
		Dog Se				Ca	t Services D)ue			
	RV:	DHPP:	BDTA:	Feca	al:	RV:	FV	RCP:	Fecal:		

Animal Care Information

Feeding Instructions	I feed Dry / \	Wet / Both	SID: AM or P	M / BID/ TID / QID	Received AM / PM meal before arrival							
Amounts:												
Kennel food can be given if own runs out: Y / N Diet Restrictions (if any):												
I would like my DOG to receive a peanut butter Kong during boarding (the fee is 3.00 per Kong): Y/N - If yes, how many?												
Medication and Pre	eventatives	My pet reco	eives medicatio	on: Y/N	Received AM / PM Dose: Y / N / N/A							
My pet receives flea preventative: Y / N * IF NO and fleas are found on my pet, I understand I will be responsible to pay for required treatment: We use: It was last applied on:												
Health Notes My dog has the following condition(s):												
My pet has been experiencing health issues including but not limited to: vomiting, diarrhea, loss of appetite, lethargy, increased water consumption, cold-like symptoms, and/or seizures: Y/N IF YES - Please circle which applies from the list above or note other:												
I would like my pet to be seen by the vet during their boarding stay (medical exam fee applies): Y/N - If yes, initial:												
 □ I authorize Pioneer Valley Veterinary Hospital, Inc. to treat my animal in case of any illness or injury sustained during the boarding stay, and I understand that I or my emergency contact(s) will be informed via phone whenever possible before treatment is started. I understand and agree that I will be responsible for all costs incurred during treatment to be paid in full at the time of pick up. □ I DO NOT authorize Pioneer Valley Veterinary Hospital, Inc. to treat my animal under any circumstances EXCEPT in a life threatening emergency, including but not limited to: bloat; difficulty breathing; seizures; and stroke. I understand that I or my emergency contact(s) will be informed via phone if possible before treatment is started. I understand and agree that I will be responsible for all costs incurred during treatment to be paid in full at the time of pick up. By signing below, I have reviewed in full and understand all information and requirements outlined on this Boarding Registration and Agreement form, and I confirm all answers provided to the Kennel Technician are correct as to the services requested and specific care desired for my pet while boarding at Pioneer Valley Veterinary Hospital, Inc. I have confirmed my Boarding Discharge Appointment time and date, and I understand it is my responsibility to arrive on time or to call to reschedule prior to 24 hours of the appointment. If not, I am responsible for paying a late pick up fee, a no show fee, and/or an additional day of boarding, if applicable. 												
Owner's Signature		Date	Staff'	s Signature	Date							
Authorization for Animals to Board and/or Play Together I request that while my pets are boarding at PVVH that they be kept in the same kennel space, and if they are receiving playtimes that they receive them together. I understand that my pets may be separated if disagreements or fights occur to ensure safety, and that my pets will be fed separately per protocol unless directed otherwise by management. By signing below, I confirm that I have read and understood the parameters regarding my pets boarding and/or playing together, and I will not hold PVVH responsible for any injuries sustained between my pets during their stay.												

Date

Owner's Signature