

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	f Stay:		Che	Check-Out Time:				☐ Check to Confirm			
Primary	Primary Contact # for Owner While Away:										
Emerge	ncy Contact N	lame:			Emergency Contact #:						
Authorized Representative:					Authorized Rep. #:						
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	Own	Owner Requests		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				
Dogs up to 30 lbs.		\$36.50	\$44.50	☐ Ba:	sic on:		full before the pet will be discharged. For pets scheduled to board for longer				
Dogs 31 - 65 lbs.		\$38.50	\$46.50]			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				
Dogs 66 to 100 lbs.		\$40.50	\$48.50	□ VIF	☐ VIP on:						
Dogs over 100 lbs.		\$42.50	\$50.50				old, specialized care, medication administration (single fee per day), care				
Exotics		\$27.50		_	Extra Walks For Basic Only - \$4.00 ea.		for "handle-with- care" pets, and excessive cleanups. *Inquire about extra play times.				
Additional Services		 Nail Trim (\$21.00 - additional for depending on difficulty.) Bath (See bath registration for the depending of the depending on difficulty.) We do not recommend routine baths 			We offer one complimentary clean up by your pet requires one. A fee of \$25 vapplied per bath if we need to give your more than one clean up bath.			uires one. A fee of \$25 will be ath if we need to give your pet			
For Office Use Only	Weight:	Fleas: Y / N				Ears	:	Staff:			
	Name of Vete		Contact #:								
	Dog Services Due						Cat	t Services Due			
	RV:	DHPP:	BDTA:	Feca	al:	RV:	FV	RCP: Fecal:			

Animal Care Information

Feeding Instructions	I feed Dry / V	Vet / Both	AM/N	/ID / PM	Received AM / PM meal before arrival					
Name of food and details:										
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	My pet rec	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:										
Health Notes	Medical Conditio	ns:								
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:										
Treatment Authorization 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					
kennel space, and if they disagreements or fights of	are receiving plan accur to ensure sam below, I confirm th	ytimes that fety, and that	they receive th at my pets wil ad and underst	em together. I und be fed separately ood the parameter	arding at PVVH that they be kept in the same derstand that my pets may be separated if y per protocol unless directed otherwise by s regarding my pets boarding and/or playing uring their stay.					

Date

Owner's Signature