

**Boarding Rate: \$17/night + tax**

**Main Street Veterinary Clinic - Boarding Authorization Sheet**

Client: \_\_\_\_\_ Check-in Date: \_\_\_\_\_

Patient: \_\_\_\_\_ Check-out Date: \_\_\_\_\_

Species:  Canine  Feline Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Years \_\_\_\_\_ Months

**Do you want a bath at the end of stay?** mark “**declined**” in computer if says No  
 Yes  No {(\$28 + tax Additional Fee)If Yes, Pick-up after **2pm**}

**Vaccinations Needed:**  Influenza 1<sup>st</sup> \$24  Influenza 2nd \$24 (DO as soon as gets here!)  
 Influenza yearly \$24  Yearly \$103

**EMERGENCY CONTACT INFORMATION:**

Owner Name: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Local Agent: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**Feeding Instructions**

Main Street Vet provides Purina EN dry food for Dogs/ SD maintenance dry food for Cats.

Owner Provided: Name: \_\_\_\_\_ (Label owner’s food)  
# of Meals/day  one  two  three

Amount fed per meal: (cans/cups) \_\_\_\_\_

Additional instructions: \_\_\_\_\_

**Medication Admin. (\$2/day additional fee):**

(Drug name) ex: Cephalexin	(How Much) ex: 1 capsule	(How Often): ex: BID

**USE STICKERS ON DAILY FORMS**

Current Known Medical Problems: \_\_\_\_\_

**Boarder Belongings:** Please describe & put labels on them: \_\_\_\_\_

Leash  Collar  Carrier  Bedding: \_\_\_\_\_  Toys: \_\_\_\_\_  Other: \_\_\_\_\_

**Pick-up Times** : Boarders are released ONLY during our normal office hours. We will NOT release a pet before or after our normal office hours or on days when we are closed (i.e. Saturdays, Sundays & Holidays). If you have requested to have your pet bathed at the end of their stay, please pick your pet up after 2pm to allow for adequate drying time. **PLEASE INITIAL HERE INDICATING THAT YOU UNDERSTAND OUR PICKUP TIMES:** \_\_\_\_\_

**Vaccination/ Parasite Control Requirement:**

For your pet's protection, proof of current vaccination is required at the time you drop-off your pet. It is the policy of the Main Street Veterinary Clinic that all dogs boarding (\$19/night) with us are current on their rabies (\$18), distemper-parvo (\$15), influenza (\$24) & bordetella (\$15) vaccinations and that all cats be current on their fvrpc (\$15) & rabies (\$15) vaccination. If this information is not provided at the time you drop-off your pet, your pet will be vaccinated immediately following a complete physical examination by one of our veterinarians at an additional cost to you. In order to maintain a flea-free environment for all of our guests, all pets that arrive for boarding are inspected for evidence of flea infestation. If your pet is found to have fleas, it will be treated at your expense with Capstar(\$6). If you recently applied prescription flea control to your pet, please indicate below:

**Name of product applied:** \_\_\_\_\_

**Date of application :** \_\_\_\_\_ ( Please note: if we notice pet has live fleas, additional flea control will be administered at your expense (\$20), regardless of when recent product was applied) **PLEASE INITIAL HERE INDICATING THAT YOU UNDERSTAND OUR VACCINATION REQUIREMENT:** \_\_\_\_\_

**Boarder Belongings:**

Boarding guests are welcome to bring toys or blankets. Although we make every effort to care for these items, Main Street Veterinary Clinic **cannot be held responsible for belongings that are lost or damaged**. We provide clean, comfortable bedding and toys for our boarding guests. **PLEASE INITIAL HERE INDICATING THAT YOU UNDERSTAND OUR BELONGINGS REQUIREMENT:** \_\_\_\_\_

**Bath:** If you wish to have your pet bathed at the end of their stay, additional charges will apply. To ensure your pet is dry at the time of pick-up we will ask that you pick your pet up after **2 pm**. **PLEASE INITIAL HERE INDICATING THAT YOU UNDERSTAND THE BATH PICKUP INSTRUCTIONS:** \_\_\_\_\_

**Additional Services Request:**

Please note if you would like any additional services for your pet while staying with us that these services are provided at **additional cost** (some are + tax).

- Nail Trim \$10  Microchip ID \$55  Bath \$28  Physical Exam \$41  Anal Glands \$10  
 Other: \_\_\_\_\_

**BOARDING AUTHORIZATION:**

I am the owner or agent for \_\_\_\_\_ (pet name) and I have the authority to execute this consent. I authorize the veterinary staff at Main Street Veterinary Clinic to treat my pet if it should become ill while boarding until I can be reached and to do whatever is necessary should an emergency situation arise. I understand that medical supervision is available during normal office hours. I authorize outdoor leashed walks for my pet and exercise in a fenced yard. I have read and I understand the policies stated above and understand that payment is due at the time of pick-up.

Signature (Owner/Agent): \_\_\_\_\_ Employee Initials: \_\_\_\_\_

Date: \_\_\_\_\_