

# Main Street Veterinary Hospital

## Boarding- Each Visit

Client Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Drop Off Date: \_\_\_\_\_ Pick Up Date: \_\_\_\_\_

Phone Numbers where I can be reached: \_\_\_\_\_ OK to text?  yes  no

\_\_\_\_\_ OK to text?  yes  no

Email address where I can receive messages while pet is here: \_\_\_\_\_

1. I request a  bath  groom on (date) \_\_\_\_\_  
 no bath or groom

2. I request an exam by a doctor  yes  no (\*note- an exam is required for most vaccines)

preferred doctor name: \_\_\_\_\_

service needed/problem to address: \_\_\_\_\_

3. Pet's diet while here

diet fed by Main Street Veterinary Hospital (Science Diet Sensitive Stomach)

special diet name of diet: \_\_\_\_\_

brought with me  need to purchase here

amount to feed \_\_\_\_\_

number of times to feed daily  1  2  3

4. Medications to be given

<u>Name of medicine</u>	<u>amount to give</u>	<u>time(s) to give</u>	<u>need today?</u>
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

5. I have reviewed the "Boarding Info Sheet" and verify it is correct  yes  no

6. I have reviewed the "Advance Directive" and verify it is correct  yes  no

I agree to the following terms of boarding:

- My pet must be current on vaccinations to board. If my pet is not current or I cannot provide proof of vaccination, the required vaccinations will be administered *at my expense*.
- My pet will be treated for fleas or ticks, if needed, *at my expense*.
- My pet will be treated for diarrhea if it should occur by performing a fecal examination and administering appropriate medications, *at my expense*.
- Main Street Veterinary Hospital is not responsible for lost or damaged personal items (including bedding, leashes, collars, and toys) left with my pet.
- I understand that, while Main Street Veterinary Hospital staff members take every precaution to protect the health of their boarding guests, there is always a risk of disease transmission and injury involved in boarding situations.

Signature: \_\_\_\_\_

**Main Street Veterinary Hospital  
Advance Directive for Medical Care in Owner's Absence**

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

**Pet Name:** \_\_\_\_\_

**We at Main Street Veterinary Hospital care about the comfort and health of our boarding patients. We will not allow a pet in our care to suffer or be uncomfortable.**

- We will make every reasonable attempt to contact you should your pet become ill or injured during his/her stay. It is imperative that you provide accurate contact numbers.
- Any decisions you make while on the phone with a staff member will supersede your written directives.
- If we are unable to reach you, we will attempt to reach the emergency contact you left us...please discuss your wishes with them so they are prepared to make decisions
- **If we are unable to reach your emergency contact, we will provide basic treatment necessary to keep your pet comfortable *at your expense*.**

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***In the event that my pet should become seriously ill while boarding, I authorize the following (choose all that apply)***

- Transfer of my pet to the Flower Mound Emergency Pet Clinic for after-hours care with return to Main Street Veterinary Hospital for day treatment.
- Transfer of my pet to a specialty practice if recommended.

*\*\* if I will be unable to be reached during my pet's stay, I understand that I must leave a credit card number if I am requesting transfer of my pet*

***If my pet should require Life Saving Resuscitation Efforts, for example, CPR (please choose one)***

- Please do not resuscitate my pet
- Please perform CPR and necessary life saving procedures

***If my pet is suffering unduly despite best treatment efforts, I authorize humane euthanasia***

- I authorize euthanasia
- I do NOT authorize euthanasia

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

**Signature:** \_\_\_\_\_