

 **FORM MUST BE COMPLETED EACH VISIT**

Drop Off Date: _____ Pick Up Date: _____

Boarding is charged by the day. Pets picked up after 2:00p.m. Monday-Friday will be charged an added day of boarding.

Owner Name: _____ Phone: _____

Pet Name: _____ Species: _____ Breed: _____ Sex: _____

Emergency Contact: _____ Emergency Phone: _____

Names of people authorized to drop off/pick up your pet: _____

 **Feeding Instructions**

Feed Purina EN provided by Mountainstone YES _____ NO _____ Feed pet's own food – Name of Food _____

Special Feeding Instructions _____

Medication Instructions

Medication: _____ Dosage: _____ Last dose given: _____


If pet is noted with diarrhea, we will hold one feeding and attempt to reach you at the number provided. If diarrhea persists and we are unable to reach anyone, I authorize medication to be administered to treat diarrhea. _____ (initial) (additional fee applies)

 **Medical Information**

To prevent the spread of disease while your pet is in our care:

1. Dogs must be current on Rabies, Bordetella, Distemper, and parvo vaccinations
2. Cats must be current on Rabies, FVRCP vaccinations.
3. Animals whose vaccinations are not up to date must be vaccinated by Mountainstone prior to admittance at the owner's expense or they will not be allowed to board. **Each pet will be given a Capstar for flea control before they board and you will be charged a fee of \$9.10 + tax.** *This policy assures your pet's safety and our flea free status.*

 **Additional Services While Boarding**

 **Personal Belongings – all items must be labeled**

Leashes: _____ Toys: _____ Bed/Carrier/Blanket: _____

While boarding at Mountainstone, your pet will have the option to receive bathing services:

*YES, I want my pet bathed (\$26.50) _____ *YES, I want nail trim and anal glands in addition to the bath (\$9.35) _____

*Nail Trim and Anal Gland expression only (\$9.35) _____ *NO, I DO NOT want my pet bathed _____

 **Credit Policy**

Payment is required in full at the time services are rendered. A \$35 fee will be charged for all returned checks. Accounts requiring legal action agree to pay collection costs and reasonable attorney's fees.

I authorize the staff at this facility to perform any necessary vaccinations and/or flea control procedures and in the event of an emergency, any medical or surgical procedures necessary for the health and immediate well-being of my pet. I agree to pay in full for my pet's boarding and emergency and/or requested medical care at the time discharge. I fully intend to pick up my pet on the above specified date. If circumstances change, I will notify Mountainstone Veterinary Hospital, PC of the new pick-up date and assume responsibility for any additional charges incurred. **Animals can only be picked up during normal business hours.** There will be a daily charge for boarding until the facility opens for discharge. I certify that I am the owner or the owner's authorized agent of this pet. I authorize the release of my pet to Mountainstone Veterinary Hospital, PC. I have read and fully understand the above policies and agree to the **terms stated.**

Signed: _____ Date: _____