



Dog Boarding Check-In

- **How is your pet doing?**

Weight: _____ Eating/Drinking: _____

Any Vomiting/Diarrhea/Coughing/Sneezing: _____

Any other concerns? _____

- **Own or Kennel Food - Any Food Allergies?** _____

Feeding amount: _____ AM _____ Lunch _____ PM

- Has your pet already eaten breakfast (**Y or N**), lunch (**Y or N**), or dinner (**Y or N**)?

Medications- Names and doses of all medications. Please include medication instructions.

Vaccinations – Vaccine record on file and pet confirmed up to date. **Y or N**

Dog Packages and Prices (Choose One)

Bronze – \$46/night _____

- **One additional family pet in the same kennel** – \$43/night _____

Includes (5) potty breaks per day and a raised cot as part of the bedding in your pet(s) kennel.

Silver - \$60/night _____

- **One additional family pet in the same kennel** - \$57/night _____

Includes all the above services plus:

- One daily TLC time with staff
- One daily Peanut Butter stuffed KONG

Gold - \$80/night _____

- **One additional family pet in the same kennel** - \$60/night _____

Includes all the above services plus:

- Two playtimes in the yard daily

Additional Dog Services Offered (Charged Per Pet) – Please include number of times service is requested

- ☐ Departure bath – basic bath from the neck down and towel dry
 - **Excludes doodles and curly coated breeds which require blow-dry.**
 - <20 lbs. (\$28) _____
 - >20 lbs. (\$35) _____
 - >100lbs (\$40) _____
- ☐ Nail trim (\$30) _____
- ☐ Anal Glands (\$20) _____



Walks for Dogs (please sign) - \$10/walk

I authorize the Valley View Animal Hospital kennel staff to take my dog for a **0.5 mile long walk** along a protected path for additional exercise while the pet is staying with us. I understand that the clinic is not liable for any injuries or loss of my pet while on this walk, and I hereby certify that my dog is used to being walked on a leash and tolerates this type of exercise.

Number of walks during stay _____

Signature

Date

Play Groups for Dogs (please sign) - \$10/session

All dogs must pass a general behavior assessment (to be done during stay) to attend play groups. Owner agrees that their dog(s) are in good health and have not harmed nor shown aggression to any other dogs. Furthermore, the owner understands that Valley View Animal Hospital is not Liable for any injury or illness sustained during play groups.

Number of play groups during stay _____

Signature

Date

Veterinary Care Pre-Authorization

Valley View Animal Hospital is a general boarding facility and is not staffed as a medical boarding facility. General pet boarding provides basic care, including feeding, exercise, mental stimulation, and basic medication administration. Medical boarding provides 24/7 monitoring and access to immediate medical care. This is the recommended, and safest, option for animals with high-risk health conditions.

By choosing to board your pet at Valley View Animal Hospital boarding facility, you accept and acknowledge that your pet will not be monitored for 12 hours overnight, and if an emergency were to occur, no personnel would be present. During normal business hours, if boarding staff have any concerns regarding your pet's health and overall wellbeing, a veterinarian on staff will be notified, any necessary diagnostics and treatments will be performed, and you will be responsible for payment. The staff will make every effort to contact you during this time but will not delay assessment or treatment of your pet for communication.



Phone Number: _____

Owner signature: _____ Date: _____

Emergency Contact Information (This person is authorized to make medical decisions if you cannot be reached.):

Name: _____

Phone Number: _____