



**Bishop Ranch Veterinary Center & Urgent Care**  
 2000 Bishop Drive  
 San Ramon, CA 94583  
 Main: (925) 866-8387 Fax: (925) 328-0264  
 www.webvets.com



### Boarding Registration

**Reservation Information:**

Client Name: \_\_\_\_\_ Client ID: \_\_\_\_\_  
 Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Pet Name: \_\_\_\_\_

**Client Contact Information/Emergency Contact:**

Primary Contact: Name \_\_\_\_\_ Secondary Contact: Name \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Email \_\_\_\_\_ Email \_\_\_\_\_

**Alerts, Allergies, Special Needs or Conditions:**

\_\_\_\_\_  
 \_\_\_\_\_

**Diet and Feeding Regimen:**

BRVC Food       Own Food Provided  
 Special Diet (Prescription): \_\_\_\_\_  
 AM Feeding:    Cups \_\_\_\_\_      Cans \_\_\_\_\_  
 PM Feeding:    Cups \_\_\_\_\_      Cans \_\_\_\_\_  
 Additional Feeding Instructions: \_\_\_\_\_

**Optional Boarding Services:**

Please check the box next to the service descriptions to indicate your choice.

**Cats:**

Yes     No    30 Minute Play Time: \_\_\_\_\_ @ \$15.00 per session.  
 Yes     No    Brush Out: \_\_\_\_\_ @ \$15.00 per session.  
 Yes     No    Toenail Trim: \$15.00

**Dogs:**

All dogs are walked a minimum of 4 times per day whether out in the play yard or around the property.

**\*\*During Peak Holidays additional walks and play times are limited to one per day per pet\*\***

Yes     No    Additional Walks: \_\_\_\_\_ walks @ \$15.00 each.  
 Yes     No    30 Minute Play Yard Time: \_\_\_\_\_ @ \$15.00 per session.  
 Yes     No    Bath: \_\_\_\_\_ @ \$35.00 per session (Boarding Discount Applied)  
 Yes     No    Brush Out Only: \_\_\_\_\_ @ \$15.00 per session.  
 Yes     No    Toenail Trim: \$15.00



**Bishop Ranch Veterinary Center & Urgent Care**  
 2000 Bishop Drive  
 San Ramon, CA 94583  
 Main: (925) 866-8387 Fax: (925) 328-0264  
 www.webvets.com



### Boarding Registration

Client Name: \_\_\_\_\_ Client ID: \_\_\_\_\_ Pet Name: \_\_\_\_\_

**Medication:**

Medication administration is \$5.00 per day for up to four medications/ supplements. Please list all of the medicines and/or supplements your pet will be taking while boarding with us. The medication and/or supplement must be in the original prescription vial for our staff to administer them. If not we will reissue the prescription for you and the corresponding fees will apply.

Medication	Dosage/Instructions	Reason for Medication	Verified by: (Staff Use Only)

**Belongings:**

All kennels include bowls, bedding, and toys. Food is provided unless a specialty food is required. We prefer not to accept leashes, choke or prong collars, pet carriers, rawhide chews or bedding. Though we take every caution with any personal items left with your pet, we do not assume any responsibility for their damage or loss.

Item	Description

**Emergency Medical Services:**

One of the advantages of boarding your pet at Bishop Ranch Veterinary Center is that Veterinary attention is readily available if the need arises. Should your pet become ill BRVC will try to contact you to inform you of your pet's condition and any recommended treatment. An estimate for any proposed services will be provided. Payment of all fees is due upon discharge. In case BRVC is unable to reach you during such an event please select the limit of medical care costs not to be exceeded until you can be reached:

- \$50.00 to \$100.00                       Up to \$500.00                       Up to \$\_\_\_\_\_

**Medical Treatment:**

Would you like us to perform any medical treatment during your pet's boarding stay?                       Yes                       No  
 What Treatment: \_\_\_\_\_ (An estimate for medical treatment will be provided)

**Terms and Conditions**

1. All pets to be picked up by 12pm in order to avoid additional day's boarding fee.
2. I leave personal items at my own risk. BRVC is not responsible for loss or damage.
3. I agree that if my pet becomes sick while boarding BRVC will not be financially responsible for my pet's medical costs.
4. I certify that my pet appears to be free of contagious disease and has not bitten anyone in the past ten days.
5. I agree to make complete payment to Bishop Ranch Veterinary Center and Urgent Care at the time of discharge.

ESTIMATED TOTAL BOARDING FEES FOR THIS RESERVATION: \$\_\_\_\_\_

\_\_\_\_\_  
 Signature of Owner/Agent

\_\_\_\_\_  
 Signature of Check In Staff Member