



Your pet, our priority!

Boarding Registration Form

Client Reservation Information	
Client First Name	Client Last Name
Client ID	Email (Primary)
Address	City, State, Zip Code
Phone / Cell	Secondary Pet Owner Contact Name / Phone

Pet Information	
Pet Name _____	Arrival Date _____ AM / PM
	Departure Date _____ AM / PM
Alerts, Allergies, Special Needs or Conditions:	

Diet & Feeding Regimen	Type of Food
Next Meal Due	BRVC Food Own Food Provided
TODAY AM TODAY PM TOMORROW	<input type="checkbox"/> <input type="checkbox"/> _____ (brand)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Special Diet (Prescription)
AM Feeding Cups _____ Cans _____	_____ (brand)
PM Feeding Cups _____ Cans _____	Other
_____	_____ (brand)

Optional Boarding Services – 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***

- | | | | | |
|-----------------------------|------------------------------|---|-------------|-------------------------------|
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Additional walks (\$16.00 each) | Total _____ | Daily _____ |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | 30 Minute Play Yard Time (\$16.00 each) | Total _____ | Daily _____ |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Bath (\$38.00 each) | Total _____ | Special Shampoo? _____ (TYPE) |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Brush Out (\$16.00 per session) | Total _____ | Daily _____ |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Toenail Trim (\$15.00) | Total _____ | Daily _____ |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Anal Gland Expression (\$27.00) | Total _____ | Daily _____ |

Optional Boarding Services – CATS

- | | | | | |
|-----------------------------|------------------------------|---|-------------|-------------|
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | 30 Minute Play Time (\$16.00 per session) | Total _____ | Daily _____ |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Brush Out (\$16.00 per session) | Total _____ | Daily _____ |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Toenail Trim (\$15.00) | Total _____ | Daily _____ |



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Pet Name	Client ID

Medication

Medication administration is \$5.25 per day for up to four medications / supplements prescribed by doctor. Please list all of the medications and or supplements your pet will be taking while boarding with us. **The medication and / or supplements 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 RX	Next Dose Due	Refill Needed?	
				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 <input type="checkbox"/>

Belongings:

All kennels include bowls, bedding and toys. Food is provided unless a specialty food is required. We prefer not to accept blankets, toys, rawhide chews or beds. 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 & Urgent Care is that veterinary attention is readily available if the need should arise. 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 and confirm any costs: \$50 - \$100 Up to \$500 Up to \$_____

Would you like us to perform any medical treatment during your pet's boarding stay? YES NO

What Treatment _____ An estimate for treatment will be provided.

Terms & Conditions

1. All pets to be picked up by 12pm in order to avoid boarding fee for that day.
2. I leave personal items at my own risk. BRVC is not responsible for loss or damages.
3. I agree if my pet becomes sick while boarding at BRVC, BRVC will not be financially responsible for my pet's medical costs.
4. I certify my pet appears to be free of contagious disease, has not bitten anyone in the past 10 days or in a shelter.
5. I agree to make complete payment to Bishop Ranch Veterinary Center & Urgent Care at the time of discharge.

ESTIMATED TOTAL BOARDING FEES FOR THIS RESERVATION _____

Signature of Owner / Agent _____ Date _____ Signature Verifying Staff _____ 3/18