



RETURNING DOG BOARDING REGISTRATION

ARRIVAL DATE _____ DEPARTURE DATE _____ ANTICIPATED PICK UP TIME _____
 Owner's name _____ Emergency Contact/Phone _____

Pet Information

(This section must be completely filled out)

Dog's Name: _____ Weight at check in: _____ Feeding Instructions: _____ _____ Medical Condition: _____ _____ Medication: _____ _____ Play Group: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dog's Name: _____ Weight at check in: _____ Feeding Instructions: _____ _____ Medical Condition: _____ _____ Medication: _____ _____ Play Group: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dog's Name: _____ Weight at check in: _____ Feeding Instructions: _____ _____ Medical Condition: _____ _____ Medication: _____ _____ Play Group: <input type="checkbox"/> Yes <input type="checkbox"/> No
For your pet's protection, all vaccines must be current. Proof of current vaccinations is required. CVH Staff Verification (Staff Initial) RV ___ DHPP ___ Bord ___ Influenza ___ Fecal (negative) ___	For your pet's protection, all vaccines must be current. Proof of current vaccinations is required. CVH Staff Verification (Staff Initial) RV ___ DHPP ___ Bord ___ Influenza ___ Fecal (negative) ___	For your pet's protection, all vaccines must be current. Proof of current vaccinations is required. CVH Staff Verification (Staff Initial) RV ___ DHPP ___ Bord ___ Influenza ___ Fecal (negative) ___

Additional Services:

- TLC Boarding Package (\$5.00 per day extra), Email Address: _____
- Dr. Appointment (please be specific) _____

ALL CHECK-INS pay for a full night of boarding. CHECK-OUTS after 11am will be charged for a half day of boarding. Drop offs or pick ups outside the regular hours may be arranged in advance for an additional \$20. If no arrangements are made for a late pickup, the Manager has the right to close the facility and the owner will be charged for an additional nights boarding at our standard rate. Owner understands and agrees to the charges for boarding at CVH. **(Owner Initial)** _____.

Medical Illness Policy

(If you have multiple dogs boarding with us, this medical illness policy covers all of the dogs.)

If your pet(s) becomes ill or is injured we will call the emergency numbers regarding your pet(s) symptoms, treatment options and an estimate of additional costs. However, if the owner or their authorized agent cannot be reached, please indicate your wishes below.

Please perform whatever services the doctor deems necessary for the best care of my pet(s). If the cost is going to exceed \$ _____ authorization by the owner or authorized agent must be given.

By signing and dating the following you are acknowledging and agreeing to all of the terms on Page #3 of the original boarding registration form you previously filled out during your pet(s) initial boarding visit.

DATE: _____ SIGNATURE (Owner/Agent): _____

Checked in by (CVH initials) _____