



# Boarding Admission Form

Please fill out the following form and click "Submit" when finished before the date of your Check-In to help ensure a more efficient check-in process.

## Reservation Details

### Owner's Full Name \*

First Name      Last Name

### Pet's Name \*

### Check In Date \*



Month Day Year

### Check Out Date \*



Month Day Year

### Emergency Contact \*

Area Code    Phone Number

## Feeding Information

We recommend that you bring your pets normal diet in with you to avoid any upset stomachs. For convenience, it is acceptable to premeasure the food.

**What type/brand of food does your pet eat? \***

**How much food do you feed your pet? \***

**How often do you feed your pet? \***

**Additional comments:**

## Medications

We are happy to give your pet his/her medications at no additional charge.

Please list any medications your pet will need / is currently taking along with dosages and how often they are given.

Also, please list the reason the medication was prescribed.

Charges for pill assist (product/treat to give pills) may apply.

## **Medications**

## **Behavior**

**How does your dog react to other dogs when he/she is on a leash? Off a leash?**

## **Belongings**

**Please list and describe all items you will be bringing with your pet**

## Payment & Cancellation Policy

If you make a reservation for your pet to stay in our boarding facility you have 24 hours prior to the drop off day to notify our staff of your cancellation. If you fail to notify us about your cancellation and do not show for your reservation you will be charged a fee equal to one night of stay.

For dogs: \$32 for one dog and if your reservation included two dogs the charge would be \$50 For cats: \$15 dollars per cat condo you had reserved

## Boarding Release Form

& Social Media Consent

**Sunset Animal Hospital  
Boarding Release Form**

**Medications:** If your pet will be receiving medication during his or her stay, it must be in the original veterinary-labeled containers with instructions for administration.

**Vaccine Requirements:** In order to protect the health of your pet, this facility requires documentation showing that all pets are current on vaccinations. Pets that are too young that they have not completed their entire series of vaccinations may not yet be protected and, thus, owners accept any risks of infection. Vaccines are required as followed:

**Dogs:** Must be current on the DHPP and Rabies vaccine within 3 years. They also must be current on the Leptospirosis vaccine, Bordetella/ Kennel Cough vaccine, and have a negative stool sample within 1 year. Dogs that are more than 6 months old must have influenza vaccines (H3N2, H3N8).

**Cats:** Must be current on the FVRCP and Rabies within 3 years.

Your pet must be free of internal and external parasites, including fleas and ticks. If not, we will treat the pet at the customer's expense.

## Statement of Kennel Policy

1. Pets must be picked up between 8 a.m. and 6 p.m. Mondays through Fridays, 8 a.m. and 12:30 p.m. on Saturdays. Pick-ups and drop-offs are not available on Sundays or holidays.
2. This facility cannot guarantee the health of any animal, but pledges to provide appropriate care to all boarders. I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss or gain, rough hair coat, kennel cough, upper respiratory infection, diarrhea, and fleas.
3. If my pet identified on this record should become ill, I request that Sunset Animal Hospital provide all medical/surgical treatment it deems necessary, at my own expense. I acknowledge that in the event of my pet's illness, the staff may not be able to contact me immediately. Nonetheless, they are authorized

to initiate appropriate treatment until my agent or I can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.

4. If my pets are boarding in the same kennel we reserve the right to separate if problems arise.

**What is the max amount you would like to spend if an emergency occurs and we are not able to contact you? \***

**Signature**

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Month Day Year