

Boarding Form

Woodmoor Veterinary Hospital and Pet Lodge
17950 Veterinary View
Monument, Colorado 80132
P: 719-488-2500 F: 719-488-2551
Email: woodmoorvet@gmail.com



Check In Date _____ M T W TH F SA Check Out Date _____ M T W TH F SA

Owner: _____

Address: _____

Phone: _____

Boarder: _____

Emergency Name and Phone# _____

CANINE/FELINE VACCINATION HISTORY

Your pet has to be vaccinated within the last 12 months. Proof is required that vaccinations were administered by a licensed veterinarian. All vaccines must have been given at least 72 hours prior to boarding reservation.

There will be a \$10.00 charge per day for medication(s) administration.

Pet owners are encouraged to bring blankets and bedding from home. All efforts to ensure their safe return home will be made, however, Woodmoor Veterinary Hospital is not responsible for lost, misplaced, soiled or damaged items. Please make sure your name is on all of the items that you bring.

Due to high demand for boarding facilities, all animals not picked up on their scheduled discharge date by 5:00 p.m. will be assessed an additional \$2.00 per day for cats, and \$4.00 per day for dogs unless notification is provided prior to discharge. Boarders are not released on Sundays, holidays, or after hours. During holidays and high volume season I understand that I am required to pay in full the days that I have reserved regardless of an early unscheduled pickup unless 72 hours' notice is given.

Woodmoor Veterinary Hospital will use all reasonable precautions against injury, escape or death of my pet and will not be held liable in connection therewith. It is understood that I assume all risks. _____ Initial here

If an owner fails to retrieve its pet within 14 days of the scheduled pick up date, the animal will be considered abandoned and will be considered the property of by Woodmoor Veterinary Hospital.

No drop-offs or pick-ups on Sundays due to safety precautions.

Please initial the following statements to acknowledge your acceptance:

_____ I hereby authorize the release of all health and vaccination records to Woodmoor Veterinary Hospital.

_____ In the event of illness or life-threatening emergency, Woodmoor Veterinary Hospital has my permission to provide medical and surgical care for my pet if I can not be contacted.

_____ I agree that all treatment charges shall be at my (owners) expense.

Owners signature

Woodmoor Veterinary Hospital Staff

Client #

Front Desk Staff, please fill out pet details above.

Check In Date _____ M T W TH F SA Check Out Date _____ M T W TH F SA

MEDICATIONS: (All medications must have original and accurate labeling otherwise they will not be administered per OSHA regulations)

1. _____ Times Per Day: _____ Dose: _____
2. _____ Times Per Day: _____ Dose: _____
3. _____ Times Per Day: _____ Dose: _____
4. _____ Times Per Day: _____ Dose: _____
5. _____ Times Per Day: _____ Dose: _____
6. _____ Times Per Day: _____ Dose: _____

Would you like a nail trim for your pet: Y N

Circle One: CPR DNR (Do Not Resuscitate)

Did you bring food? Y N

Feeding Amount/Schedule: _____ 1x a day 2x a day 3x a day

Other items brought (Please describe item, color, etc.):

Call for any medical issues Call for emergencies only

For Office Use Only:

Weight(In): _____ Weight (out): _____

I SL SUITE S SS CAT: 1 2 ISO HOSP.

Nail Trim: Y or N

Charges entered: Y or N