



5939 DARROW ROAD  
HUDSON, OH 44236  
PH: (330) 650-2929

### Pet Boarding Instructions:

Owners Name(s): \_\_\_\_\_

Pets Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Sunday Pickup

Anyone else with permission to pick up?  No  Yes- Who? \_\_\_\_\_

**Please fill out for your pet, each time they board with us. If boarding more than 1 pet, please provide information on a separate boarding sheet. See Fees / Charges on back.**

**Personal Possessions:** Please note, we take all reasonable care of personal items for your pet; however we cannot be held responsible for loss or damage. Please label all items with your pet's name where possible.

Crate / Carrier \_\_\_\_\_

Food \_\_\_\_\_  Medication(s)(please list) \_\_\_\_\_

Pet Bed (please describe) \_\_\_\_\_

Blanket (please describe) \_\_\_\_\_

Toys, list & describe \_\_\_\_\_

Other (ex: pillows, shirts, etc) \_\_\_\_\_

### Feeding/Diet Instructions:

Own Food  Kennel Diet

Amount at each feeding \_\_\_\_\_ Was your pet fed today? \_\_\_\_\_

# Daily Feedings -  1/ day (am or pm)  2/day  3/day

Is there anything your pet should not be fed? (Allergies) \_\_\_\_\_

Is your pet allowed to have treats?  Yes  No  Yes, but restrictions \_\_\_\_\_ How often? \_\_\_\_\_

**\*Please note: if there are any medications, please list in detail name & instructions on the back.\***

Has your pet ever shown aggression toward animals or people? \_\_\_ no \_\_\_ yes if so, explain \_\_\_\_\_

### Other Requests while boarding:

Dr. Exam / Vaccines: \_\_\_\_\_

### Emergency Contact Information:

Please indicate your preference:  Treat as needed (no phone contact required)

Contact us prior to treatment for **SERIOUS** medical problems only

Contact us prior to any medical treatment

In case of illness or injury, I, the undersigned, to hereby give my consent for the doctors of Hudson Veterinary Hospital to treat, prescribe, or operate on my pet named above. They are to use all reasonable precautions against illness, injury, or escape of my pet, but they will not be held liable or responsible in any manner what so ever, under any circumstances, on account of the care, treatment, or safe keeping of my pet, as it is thoroughly understood that I assume all risks.

Should the circumstance arise that my pet remains unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed to the address on file. Seven days after I understand that such action will not relieve me from paying all costs of your service and the use of your hospital, including the cost of the boarding service.

X \_\_\_\_\_  
Signature of owner / Representative of owner

(\_\_\_\_\_) \_\_\_\_\_  
Emergency Contact Phone # where I can be reached

Secondary Emergency Contact Name \_\_\_\_\_ Secondary Contact PH# (\_\_\_\_\_) \_\_\_\_\_

**\*\*\*\*Pre-Paid Sunday/Holiday Pickup between 10:00am – 11:00am. Please ask for details\*\*\*\***

**Medications:**

Name \_\_\_\_\_ Dose \_\_\_\_\_ (ex: 1 tab)  
 How Often -  1/ day (am or pm)  2 / day  3 / day  
 Please Circle: Oral Topical Eyes Ears  
 Has your pet been given the medication today? \_\_\_\_\_  
 How do you give your pets medications (ex: Cheese, Pill Pocket, etc.) \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_ (ex: 1 tab)  
 How Often -  1/ day (am or pm)  2 / day  3 / day  
 Please Circle: Oral Topical Eyes Ears  
 Has your pet been given the medication today? \_\_\_\_\_  
 How do you give your pets medications (ex: Cheese, Pill Pocket, etc.) \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_ (ex: 1 tab)  
 How Often -  1/ day (am or pm)  2 / day  3 / day  
 Please Circle: Oral Topical Eyes Ears  
 Has your pet been given the medication today? \_\_\_\_\_  
 How do you give your pets medications (ex: Cheese, Pill Pocket, etc.) \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_ (ex: 1 tab)  
 How Often -  1/ day (am or pm)  2 / day  3 / day  
 Please Circle: Oral Topical Eyes Ears  
 Has your pet been given the medication today? \_\_\_\_\_  
 How do you give your pets medications (ex: Cheese, Pill Pocket, etc.) \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_ (ex: 1 tab)  
 How Often -  1/ day (am or pm)  2 / day  3 / day  
 Please Circle: Oral Topical Eyes Ears  
 Has your pet been given the medication today? \_\_\_\_\_  
 How do you give your pets medications (ex: Cheese, Pill Pocket, etc.) \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_ (ex: 1 tab)  
 How Often -  1/ day (am or pm)  2 / day  3 / day  
 Please Circle: Oral Topical Eyes Ears  
 Has your pet been given the medication today? \_\_\_\_\_  
 How do you give your pets medications (ex: Cheese, Pill Pocket, etc.) \_\_\_\_\_

**2019 Charges / Fees:** Subject to change.

Dog boarding (per dog): \$30.00 / Night \$28.00 / Night if provided with pet's food Dog Day Boarding: \$18.00 per day

Cat boarding (per cat): \$26.00 / Night \$24.00 / Night if provided with pet's food Cat Day Boarding: \$18.00 per day

Dog baths: \$41.25- Small Dogs \$51.50- Medium Dogs \$66.25- Large Dogs \$77.75- Extra Large Dogs

Nail Trims: \$11.50

Dr. Exam Fee: \$50.00