



Patient Boarding Form

Please fill out all information and be sure to read the Medical Illness Policy. For the safety of your pet, vaccinations and current health history are required for all boarding animals.

Boarding Information

Owner: _____ Pet's Name: _____

Arrival Date: _____ Departure Date: _____

Emergency Contact: (name) _____ Emergency Contact: (phone) _____

Boarding Rates	
Weight in Pounds	Price*
0-29	\$14.75
30-49	\$16.00
50-69	\$17.00
70-99	\$18.75
100+	\$20.00
*Cats are always \$14.75	

Would you like your pet to have any of the following services during her stay?

Extra Hike: (circle one)(\$7.00 per hike) Playtime: (\$8.50 per playtime)
 no / daily / every other day / no / daily / every other day /
 every ___ days every ___ days

Bath: (\$26.00) Pedicure: (\$17.25 regular, \$20.75 dremmel)
 yes / no no / regular / dremmel

(If your pet becomes soiled while boarding, a bath will be given at the above charge.)

Medical Information

Is your pet on a special diet? Please give instructions:

Please list all belongings that you will be leaving:

(If fleas are found on your pet at the time of admission, a flea treatment will be given at a charge of \$5.75.)

Is your pet on any medication, have any known medical problems or had a recent illness? Please list and give instructions for medication: (Please note the is a charge of \$2.50 per day per medication given while boarding.)

Medical Illness Policy:

One of the advantages of boarding your pet at Columbia Animal Hospital is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency number listed above regarding your pet's symptoms, treatment options and estimate of additional costs. If no one can be reached however, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition.

Select one:

- Perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. (This includes only non-elective treatments and necessary diagnostics.)
- I authorize up to \$_____ in medical care for my pet until someone can be reached.
- Do not administer any medical care for my pet until specific authorization is given.

I have read and understand this agreement. I fully intend to pick up my pet on the above-specified date. If circumstances change, I will notify the veterinarian of a new pick-up date. I also understand that I will only be able to pick up my pet during normal business hours.

Signature: _____ Date: _____