

SPECIAL NEEDS & GERIATRIC CANINE BOARDING CHECK-IN

		Phone Number(s)				
		Check-In Date	Check-	Check-Out Date		
<u>Accommodati</u>	<u>ons</u>					
Geriatric and S	Special Ne	eeds dogs must board in our Special Need	ls area at a nightly board	ding cost of:		
	€	Level One				
		\$51/day				
Minimal/no medical issues			\$18/add'l dog in same run			
	Up to 2	oral medications				
	€	Level Two		\$54/day		
	Modera	ate Medical Issues		\$21.25/add'l dog in same run		
	-	es frequent treatments (i.e. bandage char I medications	nges, hand feeding, etc.)			
	€	Level Three		\$58.25/day		
	Require	ed Medical Issues/Diabetic Boarding es frequent treatments (i.e. bandage char lications	nges, hand feeding, etc.)	\$26.50/add'l dog in same run		
*Additional do		ing in the same kennel may be approved	on a case-by-case basis			
€	Treat T	ime				
	Kong to	y filled with your choice of: Canned Food	☐Peanut Butter	\$2/day		
€	Yard Ti	me		\$4.75/day		
	15-20 n	ninutes of time in the yard		\$7.00 / family		
€	Extra T	LC		\$5.25/day		
	1 on 1 t	ime with an attendant				
Feeding Instr What k		wn Food Brand:	Our Food (sensitive sto	mach dry or canned)		
	kind? □ 0		☐ Our Food (sensitive sto	mach dry or canned)		
What k	kind?		☐ PM	mach dry or canned)		
What k When? Amou Medication I	kind?	M Noon	<u></u> PM	mach dry or canned) Noon		

Kennel Tech _____

Medication #3:	Dosage:	AM	Noon	☐ PM
PLEASE C	OMPLETE AN	D SIGN REVE	RSE SIDE	
Please list any Allergies, Health or Med				
We require that all Special Needs board keep your pet's best interest in mind an person will be notified to help to provid person who can play this role, we may he the best care. All fees associated will be	ers have an emergend d if we feel they are n e an alternative for yo nave to transfer your p	cy contact that will be not doing well in the bour pet's care. If you doet to hospitalized boa	available durin parding enviror o not have a e	g their stay. We will nment, your contact mergency contact
Emergency contact name:		Phone number: _		
Release: (Please read and sign)				
Reasonable precautions will be taken against Veterinary Hospital/Come-Play-Stay and star precautions are followed. I agree that any nowith routine procedures and I assume full fire attempt to contact me in the event that my PACFA Regulations, Description 16.00 G. 3., Mesa Veterinary Hospital) until the owner is treatment my pet needs, even if I cannot be damage or destruction of personal belonging	ff will not be held liable medical problem that de nancial responsibility fo pet needs medical atter in the event of death, the reached and final plants contacted. South Mesa	for problems that might evelops with my pet will I or all such treatments. A ntion. As required by the the facility will provide into s are made. I assume ful	develop provide be treated as ne South Mesa Vet Colorado Depa derim body care I financial respo	ed reasonable care and cessary in accordance erinarian will make every rtment of Agriculture, (cold storage at South nsibility for all medical
By signing this release, I certify that my dog board in Special Needs. I am aware that, one hospitalized at the my expense.				
I understand that I will be charged for a fu am Monday-Saturday, and I will always be (we do not accept checks) at the time of pic	charged for a full day of		-	
Signed:		Date	:	
If you desire a limit on treatment, please				

Medication #2:_____ Dosage:_____ AM Noon

☐ PM

Release for pets less than six (6) months of age: I under	stand that, due to the	e young age of my pet, it may be more
susceptible to disease as its immune system has not be	en completely develo	pped.
Signed:		Date:
	Updated 08/05/22	