

STAFF USE ONLY: Check-In Attendant _____ Run Number _____



Canine Boarding Check-In

Owner(s) name: _____ Phone number(s): _____

Pet(s) name: _____ Check in date: _____ Check out date: _____

Accommodations

Does your dog have a history of jumping a 6' fence? Yes No

Town and Country (Indoor/Outdoor kennels—suitable for small to giant breed dogs) \$53/day/dog
Base boarding \$43/add'l dog same run

Big City Suites (Indoor only—suitable for SMALL BREED dogs only; combined weight of 40lb) \$53/day
Base boarding \$43/add'l dog same run

Additional Amenities

- Treat Time** \$8/day
Kong toy filled with your choice of: Canned Food Peanut Butter
- Play and Stay (Daycare)** \$10/day
\$5/ add'l dog same family
- Nail Trim** \$19
- Nail Trim with Dremel** \$25
- Exit Bath** \$30-50

Vaccinations/Exam/Testing

- Rabies Distemper/Parvo Bordetella Leptospirosis Influenza
- Exam Fecal Test Heartworm Test

Feeding Instructions

What kind? Own Food **Brand:** _____ CPS Food (Science Diet Sensitive Stomach & Skin)

When? AM Noon PM

Amount to feed: _____

Medication Instructions*

Medication #1: _____ Dosage: _____ AM Noon PM

Medication #2: _____ Dosage: _____ AM Noon PM

*Medications, or special procedures will incur an extra fee. By signing on the next page, you are giving Come, Play, Stay! Permission to administer any off label (not labeled for animal use) medications or supplements listed above.

PLEASE COMPLETE AND SIGN REVERSE SIDE

Special Procedures or Instructions?

Please list any Allergy, Health, or Medical Concerns

Please check if your cat has been experiencing any of the following:

- Vomiting Sneezing Diarrhea Coughing Not using the litter box Lumps/Bumps
 Abnormal energy level/behaviors

Emergency phone number to reach owner: _____

Regular Veterinarian: _____

Release: (Please read and sign)

Reasonable precautions will be taken against communicable disease, illness, injury, escape, or death of this pet. South Mesa Veterinary Hospital/Come-Play-Stay and staff will not be held liable for problems that might develop provided reasonable care and precautions are followed. I agree that any medical problem that develops with my pet will be treated as necessary in accordance with routine procedures and I assume full financial responsibility for all such treatments. A South Mesa Veterinarian will make every attempt to contact me in the event that my pet needs medical attention. As required by the Colorado Department of Agriculture, PACFA Regulations, Description 16.00 G. 3., in the event of death, the facility will provide interim body care (cold storage at South Mesa Veterinary Hospital) until the owner is reached and final plans are made. I assume full financial responsibility for all medical treatment my pet needs, even if I cannot be contacted. South Mesa Veterinary Hospital/Come-Play-Stay is not liable for the loss, damage or destruction of personal belongings.

I understand that I will be charged for a full day of boarding on the day of drop-off and pick-up, unless I pick my pet up **before** 11:00 am Monday-Saturday, and I will always be charged for a full day of boarding on Sunday. I agree to pay in full with cash or credit card (we do not accept checks) at the time of pick up.

Signed: _____ **Date:** _____

If you desire a limit on treatment, please state here: _____

Release for pets less than six (6) months of age: I understand that, due to the young age of my pet, it may be more susceptible to disease as its immune system has not been completely developed.

Signed: _____ **Date:** _____

Updated 11/18/2023