



OAKS VETERINARY HOSPITAL

MEDICINE ♦ SURGERY ♦ DENTISTRY

229 NW 75th Street
Gainesville, FL 32607
352-332-7387
www.oaksvet.com

FELINE BOARDING REGISTRATION

Please take a moment to fill out both sides of this form for each pet you are boarding with us.

Pet's Name _____

Check-in Date _____ Check-out Date _____ AM PM

Person other than owner authorized for pick-up (Photo ID required) _____

FEEDING INSTRUCTIONS	Did you bring your pet's food NO <input type="radio"/> YES <input type="radio"/> Brand? _____	ADDITIONAL SERVICES	<input type="radio"/> Extra Snuggles or Playtime Once daily – \$13 per day
	How often should we feed your pet? ONCE DAILY <input type="radio"/> TWICE DAILY <input type="radio"/>		<input type="radio"/> Bath - \$27-34
MEDICATION INSTRUCTIONS	Does your pet have any food allergies? NO <input type="radio"/> YES _____	<input type="radio"/> Nail Trim - \$14-18	<input type="radio"/> Groom – MUST be scheduled with reception
	Other feeding instructions _____	<input type="radio"/> Comprehensive Exam	<input type="radio"/> Other _____
See reverse for medication administration policies and charges			
Is your pet currently taking any medications? NO <input type="radio"/> YES <input type="radio"/>			
List the medications you would like us to give your pet and their instructions			
1. _____			
2. _____			
3. _____			



Do you want your cat to be a Cozy Kitty?

Yes, please!

Our Cozy Kitty package is designed to help your feline friend feel right at home while boarding with us. It includes a comfy hide-box with fleece liner, a bag of Greenies Treats and a fun Kong kitty toy for only \$20 and everything is yours to keep!

List any other belongings you are leaving with your pet: _____

Emergency Contact Information – this person **MUST** be **AUTHORIZED** to make decisions regarding your pet's medical care

Emergency Phone Number _____

Person to contact (if other than owner) _____

MEDICAL RELEASE - REQUIRED	_____ In the event of a medical emergency, we will attempt to contact you at the listed emergency phone number. If you cannot be reached, basic stabilization procedures will be started (including, but not limited to, intravenous fluids, oxygen, pain medication, hospitalization) to preserve your pet's life and health. You will be financially responsible for all costs incurred.
	For minor illnesses or injuries (diarrhea, decreased appetite, stress, etc), how would you like us to treat your pet?
	_____ Please perform whatever services and treatments the doctor deems necessary for the health of my pet. I accept full responsibility for additional costs incurred in the care of my pet. -OR-
	_____ Please provide services and treatment the doctor deems necessary up to an additional cost of \$_____. If additional services or medications exceed this amount, do not proceed without contacting me at the listed emergency phone number. -OR-
_____ I decline treatment for my pet without my permission. Please contact me at the listed emergency phone number. I understand that if I cannot be reached, my pet will not be treated and may result in discomfort or decline of my pet's health.	

Signature _____ Date _____

OAKS VETERINARY HOSPITAL BOARDING POLICIES AND RELEASE



MEDICINE ♦ SURGERY ♦ DENTISTRY

Thank you for choosing to board your pet with us. Pets in our boarding facility stay in a clean, air-conditioned or heated kennel and are fed a high-quality diet. While here, your pet will receive frequent monitoring and loving care. Our boarding policies are meant to ensure the health and safety of our patients, clients and staff. Please take a moment to read these policies and ask our staff any questions you may have. By signing below, you acknowledge that you have read and agree to these policies.

- ❖ We require the following vaccinations be up-to-date for boarding in our facility:
 - Cats – FVRCP (1 or 3 year) and Rabies (1 or 3 year)
- ❖ For the protection of all pets in our care, boarders must be current on vaccinations. If vaccinations are done elsewhere, it is your responsibility to provide us with records prior to boarding. Any pet that is not current on immunizations will be vaccinated at your expense. If your pet has health problems that preclude vaccination, your pet will need to be boarded in our isolation ward at an additional cost.
- ❖ All boarders must be free of external parasites to stay in our facility. All pets are checked for fleas and ticks upon arrival. Any evidence of external parasites will require all boarders from your family to be treated at your expense.
- ❖ You are welcome to bring your pet's food from home – all food must be labeled with the pet's name and in a sealable container. We feed Science Diet Sensitive Stomach and Skin for cats. Please let our staff know if your pet has food allergies or sensitivities.
- ❖ If your pet requires medications, they must be in their original container with the prescription label affixed. For safety reasons, we cannot accept medications in pill boxes, bags, or mixed with food. Up to two (2) doses of oral or topical medications per day are included in boarding fees. Additional medication administration beyond that is charged at \$1 per dose. Additional charges apply for diabetic patients.
- ❖ You are welcome to leave personal belongings with your pet, but we cannot be responsible for lost or damaged items. All items will be marked with permanent marker for identification. Items may not be left with your pet if a doctor deems them unsafe for unsupervised use.
- ❖ We require notification of additional boarding needed beyond the date given on the reverse. If you fail to inform us and do not pick up your pet within seven (7) days of the listed discharge date, we will consider your pet abandoned and begin legal proceedings. You will be financially responsible for all charges incurred.
- ❖ For long-term boarding (>2 weeks), payment is required every 2 weeks. You may prepay for the entire stay or pay via phone or automatic debit every 2 weeks.
- ❖ Pick up times for boarding are Monday – Friday from 7am until 6pm, Saturday from 7:30am until 2pm. Boarder pick up is not available after hours or on holidays when the hospital is closed. Pets checking out after 1pm are charged a half day fee.
- ❖ By signing this form, you release Oaks/Northwood Oaks Veterinary Hospital and their representatives from any and all liability for any injury, illness, escape or death that may occur while your pet is boarded, provided reasonable care is taken against such events.

Owner Signature _____ Date _____