

Client:	Patient:
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Date/Time of drop off:	Date/estimated time of pick up:
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Bath?: YES/NO	Nail Trim?: YES/NO	AnalGlandExpression?: YES/NO
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Medications:	Medications:	Medications:
Name of drug: _____	Name of drug: _____	Name of drug: _____
Dosage: _____	Dosage: _____	Dosage: _____
Last given: _____	Last given: _____	Last given: _____
Next dose due: _____	Next dose due: _____	Next dose due: _____
Additional instructions regarding medications:		

Food:			
_____	_____	_____	_____
Name of food	Quantity fed	How often	Next feeding due
Special instructions on feeding: _____			
_____			

Flea Preventative: We require that all pets be clean and free of fleas. If we find fleas on your pet, we will administer a veterinarian recommended flea preventative such as Bravecto, Nexgard, Trifexis, Cheristin, Comfortis, and the cost of the medication will be added to your bill. <b>MUST BE ON A PREVENTATIVE.</b>	
_____	_____
Name of flea preventative you are using	Date of last administration

Belongings: Please list and describe belongings brought (leash, blankets, toys)
_____
_____

River Walks (dogs only): We offer boarding dogs an off-property 30 minute Napa River trail walk with our kennel staff at an additional rate of \$15 per walk.
Would you like river walks?    Yes / No                      How often? _____
If you request our staff to take your dog on a river walk, he/she is walked on leash and all safety precautions are taken. However Napa River Pet Hospital will not be responsible for dogs running away or any accidents that may occur causing injury or death.

**Exam and Vaccines:** In order to board your pet(s), your pet must be a current patient of our hospital, and vaccines must have been given per clinic standards. If your pet does not receive its vaccines at this facility you must show documentation from another licensed veterinarian that verifies current vaccinations. If your pet's annual exam or any vaccinations are past due, we will update them at our facility for his/her protection, as well as the protection of the other animals. Exam and vaccines administered at this facility will be added to your bill. initial

**Parasites:** All pets must be free from external (e.g fleas, ticks) and internal parasites (e.g hookworms, roundworms). At our discretion, if external or internal parasites are found, the cost of treatment will be added to your bill. initial

**Diet:** We routinely feed premium maintenance dry food appropriate for the age and species of your pet. Prescription diets or canned maintenance diets are available and will be added to your bill at retail cost unless provided by you. initial

**Medication:** We will administer any required medications to your pet(s) at an additional charge of \$3.00 per medication administered per day. Only medication(s) prescribed by a licensed veterinarian and appropriately labeled will be given. If medications need to be filled or refilled, the charges will be added to your bill. Pets requiring extensive monitoring or treatment are considered hospitalized and will be charged for hospitalization and not boarding. initial

**Boarding Details:**

- Boarding is charged for each night of your pet's stay, regardless of the time admitted or released
- Pets must be picked up during normal business hours. We are unable to discharge pets after hours or Sunday.
- Personal items may be left at your own risk. We are not responsible for loss or damage.

Our Hospital cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. I hold the hospital harmless for conditions that often are unavoidable in boarding environments such as, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection, and diarrhea. Note: Some medical problems may not be evident in a kennel environment.

Should a medical problem arise during your pet's stay, we will make every effort to contact you to notify you of your pet's status and give an estimate of treatment. Should the condition be deemed life threatening, of a contagious nature, or of a nature that will worsen without treatment, supportive treatment will be performed and the charges will be added to your bill. initial

I agree to make a full complete payment to Napa River Pet Hospital at the time of release. Note: A deposit may be required on admission at the discretion of the hospital.

I understand that if I fail to pick up my pet(s) within 12 days of scheduled pickup, my pet(s) will be considered "abandoned", and will be handled in accordance within state law, and that doing so does not relieve me of my financial obligations.

I have read and fully understand the terms and conditions set forth above.

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Signature of Owner or Authorized Agent

Date

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Phone numbers (at least 2) at which owner or agent can be reached