

# Cypress Veterinary Hospital

## Dog Boarding Registration

**Pick up is 9 A.M.-12 P.M.- Pick up between 12 P.M. and 5 P.M. will be a 1/2 day charge - Pick up after 5 P.M is a full day charge**

Reservation dates from \_\_\_\_\_ to \_\_\_\_\_

Client's name \_\_\_\_\_ Dog's name \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ Breed \_\_\_\_\_

Dog's gender:  Male  Female      Spayed or neutered?  yes  no

Toy/s description: \_\_\_\_\_ # \_\_\_\_\_

Blanket/Bedding description: \_\_\_\_\_ # \_\_\_\_\_

(We will not be responsible for any bedding, blanket or toy that your dog tears up)

**Does your dog have any of the following:**

**Cage Aggression** \_\_\_\_\_ **Dog Aggression** \_\_\_\_\_ **Fear Biter** \_\_\_\_\_ **Other** \_\_\_\_\_

**Diet:**

- Own food: \_\_\_\_\_
- CVH Kennel Food

Did your dog eat today before arriving?  yes  no

**Feeding Schedule:**

- Amount to be fed \_\_\_\_\_
- Twice daily (AM/PM)
- Once daily - AM or PM
- Other \_\_\_\_\_

**Medication Name:** \_\_\_\_\_  
Directions \_\_\_\_\_

Did your dog have medication before arriving?  yes  no

For your dog's protection, all vaccines must be current. We require Rabies, DA2LPP, Canine Influenza, and Bordetella, for any dog that stays at Cypress Veterinary Hospital. If you are unable to provide proof of these vaccinations, a Cypress Veterinary Hospital doctor will provide a comprehensive physical exam and appropriate vaccines, which are your financial obligation. Your dog must be free of internal and external parasites, including fleas, and ticks. **If not, we will treat your dog at your expense.** Please note that many vaccines do not take affect for 10-14 days, so be sure your dog is vaccinated before boarding for optimal wellness. I agree to and understand this policy.

**Permission to treat:** Should my pet(s) become ill, a Cypress Veterinary Hospital veterinarian may provide all medical and surgical treatment deemed necessary in the doctor's professional judgment. I acknowledge that in the event of my pet's illness, the Cypress Veterinary Hospital staff may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expenses associated with treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian. **\*Charges may be more than amount indicated below\***

Resuscitate my dog  Do not resuscitate my dog. I agree to and understand this policy.

Owner's signature

Date

**Pampered Pet Packages**

**Leisurely Stroll – \$7 X \_\_\_\_\_**  
Time spent walking in fenced in area off leash for 10 minutes.

**Tender Loving Care Package - \$10X \_\_\_\_\_**  
Includes 5 minutes of extra cuddle time, one extra trip outside and belly rubs and brushing.

**Hyper-Activity Time – \$16 X \_\_\_\_\_**  
Off leash outside for 10 minutes, playing catch/frisbee for 5 minutes and a cool down for 5

**MEDICAL TREATMENT**

I am willing to cover the associated fees to treat my dog if he/she becomes ill in the amount of

- \$20-\$30
- \$31-45
- \$46-\$60
- \$61-\$80
- \$81-\$100
- \_\_\_\_\_

**GROOMING AND BATHING**

I want my dog to be groomed, including a haircut before he/she goes home.

I want my dog to have a bath before he/she goes home

- Susan
- Craig

**\*Additional charges will apply.\***