

Critter Creek Veterinary Hospital

140 Gateway Dr.
Lincoln, Ca 95648
(916) 408-0201

Client Name: _____

Patient Name: _____

Breed: _____

Arrival Date: _____

Departure Date: _____

Departure Time: _____

Emergency Phone Number: _____

Emergency Contact: _____

Will any one other than you be picking your pet up from our facility? Yes No

If yes - authorized person: _____

Would you like your pet to have a bath? (additional charge) Yes No

Would you like your pet to have a physical exam? (additional charge) Yes No

Please list any additional services you would like provided during your pet's stay:

Feeding Instructions:

_____ Cups _____ Times per day in the A.M. _____ and/or P.M. _____

Or, food is left out at all times

Did you bring your pet's own food.

Yes, What would you like us to do if he/she runs out of food _____

No, please feed your maintenance food.

Did you bring any treats for your pet?

Yes How should they be given? _____

No

Please list any medications (including dose) your pet is currently on:

(1) _____ Given _____ times per day and next due at _____

(2) _____ Given _____ times per day and next due at _____

(3) _____ Given _____ times per day and next due at _____

Please list any special instructions or personal belongings you wish your pet to have during his/her stay with us. *****We can not be held responsible for lost or misplaced personal items.*****

Client Name: _____ Patient Name: _____

1. All animals must be current on all vaccinations (Rabies, Bordetella, DHPP or FVRCP, and Canine Influenza (H3N2/H3N8)). If your pet is not currently vaccinated, this can be provided during check-in.
2. All medications must arrive in the bottle they were prescribed in. This is to help ensure that your pet is receiving the correct medication and dosage.
3. All animals must be free of external parasites (i.e. ticks, fleas, etc.) or they will be treated at owner's expense.
4. Critter Creek Veterinary Hospital has my permission to do whatever is necessary should an emergency arise. Owner will be financially responsible for all charges incurred during an emergency.
5. If a tranquilizer is necessary for treatment or handling, Critter Creek Veterinary Hospital has my permission to administer such medication at the owner's expense.
6. I understand the staff at Critter Creek Veterinary Hospital will make every effort to contact me in the case of unforeseen circumstances during my pet's boarding service.
7. Owners will be financially responsible for any medical issues that arise during boarding at Critter Creek Veterinary Hospital.
8. I understand that my pet will be supervised during clinic hours and unsupervised when the clinic is closed (except for Sunday for feeding, medication administration, and walking). The clinic hours are: Monday-Friday 7:30am-5:30pm, Saturday 8am-12:30pm, Sunday closed.
9. Check in/out is 8am-5pm weekdays, 8am-12pm Saturdays.
10. Please be aware if your pet is damaging the enclosure run, they will be relocated to another enclosure. This is so we can continue providing excellent service to your family member by ensuring that we keep them safe from harm.

I have read the boarding requirements and understand the hospital's policies.

Owner's Signature

Today's Date