

Buttercup Veterinary Hospital Boarding Agreement Form

Client First Name: _____ Client Last Name: _____ Pet's Name: _____

Phone #: _____ Email: _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

Boarding/Reservation Dates From: ____/____/____ To: ____/____/____ Pick-up Time: _____ am/pm

If you have more than one pet be admitted today, please choose one of the following options:

____ I request that this pet be boarded with _____

____ I request that this pet be boarded with _____, but fed separately

____ I request that this pet be boarded separately from my other pet(s)

Has your pet experienced any coughing, sneezing, vomiting, or diarrhea within the past 7-10 days, or on a regular basis? **Y / N** If yes, explain _____

Is your pet on flea prevention? **Y / N**

If yes: Name of prevention _____ Date last given/applied _____

If no: Reason _____ Would you like to start your pet on prevention? **Y / N**

In case medical care is needed for your pet: before and/or while attempting to contact you, we will begin treatment starting with the below amount **(circle one)**

\$75 \$100 \$500 \$1000 Unlimited Dr.'s Discretion

Does your pet have a history of anxiety? **Y / N**

If yes, circle one: Thunderstorms Fireworks Separation Other: _____

How do you treat this anxiety? _____

Medications brought by owner (all medications must be in original packaging)

| Medication Name | How many times per day is medication given? What time(s)? | Was medication given today |
|-----------------|---|----------------------------|
| | | |
| | | |
| | | |

Additional medication administration fee per day will be applied

Pill pockets will have an additional fee per pill pocket

Feeding Instructions

How many times per day should we feed your pet? **(circle one)** 1x 2x 3x Free Feed

What should we feed your pet? **(circle one)** Food brought from home Clinic provided food

Total Amount per feeding: _____ Cups 8oz/ _____ Can

When did your pet eat last? _____

Please list any food allergies _____

*(\$2.50 Fee Per can of EN Diet Food from Our Supply) *

Additional services Cost will be applied at checkout

Nail trim **Y / N**

Anal Gland Expression **Y / N**

*Additional information you would like for us to know about your pet

Texas Fire Codes- Notice

Buttercup Veterinary Hospital (BVH) is compliant with all state and local fire codes. BVH is not equipped with a fire suppression or sprinkler system. BVH does not employ overnight staffing. Staff are on the premises 7 am through 7 pm, 7 days a week.

I have read this consent form and discussed any questions I may have with a team member. By signing below, I attest to being over the age of 18, and am the legal owner or designated agent of the legal owner of (pet's name) _____.

**** I UNDERSTAND THE ABOVE INFORMATION AND AGREE TO THE TERMS OF STAY****

Client Signature: _____ **Date:** _____