

Boarding Release

Welcome to Crossroads Veterinary Hospital. We are happy to provide complete boarding care for your pet(s). All boarding animals are expected to be current on ALL required vaccines (Bordetella [dogs only], DA2PPV/FVR-CP, and Rabies) to ensure the health of your pet and all pets boarding here. Proof of current vaccines must be provided to us prior to boarding check-in or your pet(s) will be examined and vaccinated at your expense.

As a veterinary hospital, we are obligated to treat any pet if a medical condition were to arise while boarding here. By signing this form you are authorizing us to treat your pet(s) at your expense if medical attention were to arise while your pet(s) are in our care.

Crossroads Veterinary Hospital is NOT responsible for any pet(s) causing injury to themselves due to stress, boredom, thunderstorm anxieties, or any other acts of nature. We are NOT here overnight and cannot prevent such events.

If a pet's food is brought in for boarding, it must be in a tightly sealed container or ziploc.
If a pet needs medication, the medication must be brought in the original container with the original drug label.

Drop-off/Pick-up times: 8:30 AM - 1:30 PM (Mon.-Fri.) & 8:30 AM - 11:00 AM (Sat.)

There is a \$25.00 late fee for late pick up and drop offs after 2PM (Mon-Fri)

NO BOARDING PICK UP ON SUNDAYS

In order to keep our facility a flea-free environment, we retain the right to treat any pet presenting with fleas at your expense.

Please Fill Out Below:

Patient Name(s): _____ Dates Boarding: _____ through _____

Diet: _____ Amount to give: AM: _____ PM: _____

Does your pet have any food allergies? YES NO (Circle) If YES, what allergies? _____

Medications and dosages: _____
(There is an additional charge per administration of meds)

Items brought: _____
(Crossroads Veterinary Hospital is NOT responsible for items lost or damaged)

Is your dog able to climb or jump over a 6' fence? YES NO UNKNOWN (Circle)

Do we have your permission to leave your dog alone in the dog pen for brief periods of time? YES NO (Circle)

If any medical conditions arise during my pet's stay I can be reached at:
_____ or _____

If I CANNOT be reached the following person is allowed to make decisions on my behalf:

Name: _____ Phone: _____

SIGNATURE: _____ DATE: _____