

Rocklin Ranch Veterinary Hospital

2311 Sunset Blvd.
Rocklin, CA 95765
(916) 624-7387

Client Name: _____

Patient ID: _____

Breed: _____

Arrival Date: _____ Departure Date: _____

Pick-Up Time: _____

Emergency Phone Number: _____ Emergency Contact: _____

Please list any additional services you would like provided for your pet today:

Would you like your pet to have a bath? (<10-\$28, 0-20-\$32, 21-80-\$36, >80-\$42)[] Yes [] No

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

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 [] No, please feed your maintenance food.

Please list any medications your pet is currently on:

(1) _____ (circle one) 1 x daily 2 x daily 3 x daily 4 x daily
When was this medication last given? _____

(2) _____ (circle one) 1 x daily 2 x daily 3 x daily 4 x daily
When was this medication last given? _____

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.**

REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccinations (Rabies, Bordetella, DHPP or FVRCP). **Any vaccinations that are due will be given at owner's expense.**
2. All animals must be free of external parasites (i.e. ticks, fleas, etc.), or they will be treated at owner's expense.
3. *Rocklin Ranch 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.
4. If a tranquilizer is necessary for treatment or handling, *Rocklin Ranch Veterinary Hospital* has my permission to administer such medication at the owner's expense.
5. I understand that the staff at *Rocklin Ranch Veterinary Hospital* will make every effort to contact me in the case of unforeseen circumstances during my pet's stay here, but if unable to contact me, she/he will proceed with any necessary treatment at the owner's expense.
6. Owners will be financially responsible for any medical issues that arise during boarding at *Rocklin Ranch Veterinary Hospital*.
7. I understand that my pet will be supervised during clinic hours and **unsupervised** when the clinic is closed. Hospital hours are: Monday-Friday 7:30am-7:00pm, Saturday 8:00am-4:00pm, Sunday 9:00am-5:00pm.

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

Owner's Signature

Today's Date