

**Rocklin Ranch Veterinary Hospital**

2201 Plaza Drive  
Rocklin, CA 95765  
(916) 624-7387

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 for your pet today:

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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.\*\*\***

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### REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccinations (Rabies, Bordetella, DHPP or FVRCP). **Overdue vaccinations may prohibit your pet from being accepted into the boarding facility.**
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. *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.
5. If a tranquilizer is necessary for treatment or handling, *Rocklin Ranch Veterinary Hospital* has my permission to administer such medication at the owners expense.
6. I understand that the staff at *Rocklin Ranch Veterinary Hospital* will make every effort to contact me in the case of unforeseen circumstances during 's stay here, but if unable to contact me, she/he will proceed with any necessary treatment at the owners expense.
7. Owners will be financially responsible for any medical issues that arise during boarding at *Rocklin Ranch Veterinary Hospital*.
8. 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-10:00pm, Saturday 8:00am-4:00pm, Sunday 9:00am-5:00pm.
9. Check in/out is Monday-Friday 9am-6pm, Saturday 9am-3pm, and Sunday 10am-4pm.
10. Please be aware if your pet is staying in suite or run, and is damaging (ie: scratching, biting etc) the enclosure in any way 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. You will still be charged for the enclosure that you originally reserved.

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

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Today's Date