Paws & Claws Veterinary Hospital

BOARDING ADMISSION FORM

Owner's Name:		
First Pet's Name:	Second Pet's Name:	Third Pet's Name:
Place of Last Vaccinations:	Emergency Phone Number:	

BOARDING REQUIRMENTS:

- **ALL DOGS** must be current (within the past year) on *Exam, Rabies, Distemper (DHPP), Bordetella,* and have a *Negative Fecal test.*
- **ALL CATS** Must have a *Negative HW/FELV/FIV* and be current (within the past year) on *Exam, Rabies, Feline Distemper (FVRCP*), and have a *Negative Fecal test.*

*** If your pet is not current, or lacks documentation, we will administer all necessary vaccinations/tests to meet OUR boarding requirements***

BOARDING FEES:

DOGS:	☐ Small Kennel ($28/day)	☐ Large Kennel ($34/day)	☐ Double Kennel ($38/day)	☐ Additional Dog Same Kennel ($22/day)
CATS:	☐ Single Kennel ($19/day)	☐ Double Kennel ($26/day)	☐ Additional Cat Same Kennel ($10/day)	
Medication:	☐ Simple 1-2 meds ($6/day/pet)	☐ Extensive 3-4 meds ($10/day/pet)	☐ Critical 5+/Life-dependent meds ($16/day/pet)	
Additional Fees:	☐ Bath + Nail Trim ($22/dog)	☐ Nail Trim ($16/pet)	**Mandatory Capstar (a fast-acting flea treatment) ($10/pet)** ***INITIAL:*** _____	

Kennel selection is subject to availability upon drop off and original reservations

*** All medications MUST come in original packaging and labeled with directions***

PICK-UP HOURS:

- Anytime during business hours *(After 2:30pm, an additional day is charged)*
- After Hours & Holiday Pick-Up are *8:30am to 9:00am or 5:30pm to 6:00pm*
  (***Must PRE-PAY for After Hours & Holiday Pick-Up or pet will NOT be released***)

Scheduled Pick-up Date: _____ **Pick-Up Time:** _____ **(AM/PM)**

Pet Belongings: *(We CANNOT guarantee the return of personal items)*

Toys: _____ **Bedding:** _____
Food: _____ **Medication(s):** _____
Special Instructions/Requests: _____
_____
_____

Emergency and Illness: **Any pet that requires veterinary attention will receive it at our discretion and at the owner's expense. In the case of an emergency or unexpected illness while my pet is boarding, I authorize Paws & Claws Veterinary Hospital to do whatever is necessary and desirable in their professional judgment, and I assume full financial responsibility for all charges incurred and agree to pay all such charges at the time of the pet's release.**

INITIAL: _____

*** By signing below, I state that I am over eighteen years of age and have read understand this form and hereby agree to the terms.***

Owner's Signature: _____ **Today's Date:** _____

Admitted By: Receptionist: _____
Revised: 06/25/2026