

Boston Heights Veterinary Hospital

7040 Walters Road
Hudson, OH 44236
PH: (330) 653-2002

Pet Boarding Instructions:

Owners Name(s): _____

Pets Name: _____

Arrival Date: _____ Departure Date: _____

Anyone else with permission to pick up? No Yes- Who? _____

Please fill out for your pet, each time they board with us. If boarding more than 1 pet, please provide information on a separate boarding sheet. See Fees / Charges on back.

Personal Possessions: Please note, we take all reasonable care of personal items for your pet; however we cannot be held responsible for loss or damage. Please label all items with your pet's name where possible.

Crate / Carrier _____

Food _____ Medication(s)(please list) _____

Pet Bed (please describe) _____

Blanket (please describe) _____

Toys, list & describe _____

Other (ex: pillows, shirts, etc) _____

Feeding/Diet Instructions:

Own Food Kennel Diet

Amount at each feeding _____ Was your pet fed today? _____

Daily Feedings - 1/ day (am or pm) 2/day 3/day

Is there anything your pet should not be fed? (Allergies) _____

Is your pet allowed to have treats? Yes No Yes, but restrictions _____ How often? _____

Please note: if there are any medications, please list in detail name & instructions on the back.

Has your pet ever shown aggression toward animals or people? no yes if so, explain _____

Other Requests while boarding:

Dr. Exam / Vaccines: _____

Emergency Contact Information:

Please indicate your preference: Treat as needed (no phone contact required)

Contact us prior to treatment for **SERIOUS** medical problems only

Contact us prior to any medical treatment

In case of illness or injury, I, the undersigned, to hereby give my consent for the doctors of Boston Heights Veterinary Hospital to treat, prescribe, or operate on my pet named above. They are to use all reasonable precautions against illness, injury, or escape of my pet, but they will not be held liable or responsible in any manner what so ever, under any circumstances, on account of the care, treatment, or safe keeping of my pet, as it is thoroughly understood that I assume all risks.

Should the circumstance arise that my pet remains unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed to the address on file. Seven days after I understand that such action will not relieve me from paying all costs of your service and the use of your hospital, including the cost of the boarding service.

X _____
Signature of owner / Representative of owner

(_____) _____
Emergency Contact Phone # where I can be reached

Secondary Emergency Contact Name _____

Secondary Contact PH# (_____) _____

Medications:

Name _____ Dose _____ (ex: 1 tab)

How Often - 1/ day (am or pm) 2 / day 3 / dayPlease Circle: Oral Topical Eyes Ears

Has your pet been given the medication today? _____

How do you give your pets medications (ex: Cheese, Pill Pocket, etc.) _____

Name _____ Dose _____ (ex: 1 tab)

How Often - 1/ day (am or pm) 2 / day 3 / dayPlease Circle: Oral Topical Eyes Ears

Has your pet been given the medication today? _____

How do you give your pets medications (ex: Cheese, Pill Pocket, etc.) _____

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2023 Charges / Fees: Subject to change.Dog boarding (per dog): \$34.00 / Night \$32.00 / Night if provided with pet's foodCat boarding (per cat): \$30 .00 / Night \$28.00 / Night if provided with pet's foodNail Trims: \$12.00Dr. Exam Fee: \$52.00