

**Beaver Brook Pet Center**  
**303-670-0838**  
**Owner Instructions for Boarding**

Admitted by \_\_\_\_\_

Pet's Name \_\_\_\_\_ M/N F/S Owner Name \_\_\_\_\_

Breed/Markings \_\_\_\_\_

Check In \_\_\_\_\_ Check Out \_\_\_\_\_ Estimated Time \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Vaccine Status—Proof of current vaccines is required or your pet must be vaccinated at check in.

Vaccine	Current	Due	Other	Current	Due
Bordetella			Ann		
Rabies			HWT		
DHPP			FVRCP		
			FeLeuk		

**Costs:**

Boarding is charged per night; Canine is \$25.00 and Feline is \$15.00  
 Day Boarding is \$15.50 for Canine and for Check Outs after 1:00 pm  
 Nail Trims are \$10.50  
 All Vaccines are \$26.00 each  
 Frosty Paws Treat \$2.00 each  
 Bath (\$21 for short hair dog 1-50lbs, \$31 for short hair dog 51+lbs, \$10.50 additional for long hair)  
 Medications (\$1.75 per day—please fill out dosing instructions below)

**Additional Services Requested:**

\_\_\_\_\_ Bath (\$21 for short hair dog 1-50lbs, \$31 for short hair dog 51+lbs, \$10.50 additional for long hair)

\_\_\_\_\_ Medications (\$1.75 per day—please fill out dosing instructions below)

Medication name, dosage, dispensing instructions \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Food: \_\_\_\_\_ Kennel Diet \_\_\_\_\_ Owner's Diet \_\_\_\_\_ Any food allergies? \_\_\_\_\_

Feeding instructions \_\_\_\_\_

Any other medical concerns or issues/any special instructions: \_\_\_\_\_

Belongings: \_\_\_\_\_

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

# Beaver Brook Pet Center Owner Release for Boarding

Check In \_\_\_\_\_

Check Out \_\_\_\_\_

Owner Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

I understand that you cannot guarantee the health of my animal(s). I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as, but not limited to, weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand that all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner's or agent's expense.

If vaccinations were performed elsewhere, I can provide written documentation of the Rabies vaccination administered by a licensed veterinarian within 24 hours of notification to do so in the event my animal(s) should bite any person or other pet while on the clinic premise.

Boarding Bath: I understand that Beaver Brook Pet Center requires a bath at an additional cost for all dogs in boarding that stay for two days or longer. I understand that this bath is NOT professional grooming and it is simply for cleansing purposes. I understand Beaver Brook Pet Center will not brush or clip my dog after the bath is administered.

Costs:

Medium Dog 1-50lbs (short hair)	\$21	
Large Dog 51+lbs (short hair)	\$31	
Long hair dogs (over 1.5 inch length)	\$10.50 additional	Owner/Agent Initial _____

IF YOU DO NOT WISH TO HAVE YOUR ANIMAL BATHED: I decline a cleansing bath at this time. In doing so I do not hold Beaver Brook Pet Center responsible in the event my dog soils himself.

Owner/Agent Initial \_\_\_\_\_

I understand and agree to the additional charges which apply to vaccinating my pet if he is not current, medicating him as I have instructed, providing other services I have requested, and boarding over the holidays.

I understand that in the event of animal(s) illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but if unable to reach me immediately is authorized to perform treatment as noted below until I or my agent can be reached. If any problem is observed or develops:

\_\_\_\_\_ Please treat my animal(s) as required.

\_\_\_\_\_ Perform only emergency and supportive care. Notify me for permission to begin any other treatment

\_\_\_\_\_ Do not perform any diagnostics or treatment until I am notified and provide consent for you to evaluate and treat as recommended.

Should an EMERGENCY arise, I authorize the medical staff to sedate animal(s) and/or perform such emergency procedures as may be necessary for the health of animal(s) until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to animal(s).

I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding.

The clinic will use all reasonable precautions against injury, escape or death of animal(s). The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with animal(s) will be treated as noted above and I assume full responsibility for the treatment expense incurred.

I will call if my "check out" date changes so that you can plan accordingly. If I neglect to pick up my pet within 10 days of the date scheduled, and do not notify you within that time period, you may assume that my pet is abandoned, and you are hereby authorized to dispose of my pet as you deem necessary.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Phone