

# BOARDING POLICY – K-9

DA2PPV \_\_\_\_\_  
 IN \_\_\_\_\_  
 RABIES \_\_\_\_\_  
 FECAL \_\_\_\_\_

Owner: \_\_\_\_\_ Pet: \_\_\_\_\_ Account Number: \_\_\_\_\_

DATE OF DROP-OFF \_\_\_\_\_ BOARDING UNTIL \_\_\_\_\_

Greystone Pet Hospital offers boarding as a service to you. We strive to maintain a clean and comfortable arrangement for all boarding pets. There is always a risk of disease transmission when animals are brought together.

**Boarding Requirements:**

1. All animals **must be current** on the following vaccinations (proof is required)  
 DOGS: RABIES, DA2PPV, BORDETELLA
2. Proof of a **negative fecal** within the last year
3. All animals must be **FREE OF FLEAS and TICKS**. If they are observed on your pet, the pet will require **treatment at the owner's expense**.
4. Permission to do whatever necessary; should an emergency arise until you (owner) can be contacted.
5. Please note that Greystone is not responsible for personal items lost or damaged while boarding. We provide food dishes and bedding for all pets.
6. **\*\*Dogs that stay 4 or more nights will receive a complimentary bath the morning that they are scheduled to go home, unless boarded during a holiday or spring or fall break.**

**DIET INFORMATION**

PATIENT	FOOD	HOW MUCH	HOW OFTEN

**MEDICATION INFORMATION**

PATIENT	MEDICINE NAME	LAST GIVEN	DOSE/FREQUENCY

I would like my pet(s) to be examined by the doctor while here (\$35-\$41) Yes \_\_\_ No \_\_\_ always yes \_\_\_

It is ok for my pet(s) to play outside, supervised, with other dogs their size Yes \_\_\_ No \_\_\_ always yes \_\_\_

I would like my pet(s) to receive a bath before going home (\$10) Yes \_\_\_ No \_\_\_ always yes \_\_\_

I would like my pet(s) to receive a nail trim (\$11) while boarding Yes \_\_\_ No \_\_\_ always yes \_\_\_

If available I would like my pet(s) to be groomed while boarding (Groomer will call owner to get cut preferences and give estimate) Yes \_\_\_ No \_\_\_ always yes \_\_\_

Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_