



DOG Boarding Check In Form (Front & Back)

Owner's Name: _____ Date: _____

Pet's Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Dates & Times of Boarding _____

EMERGENCY Phone Number you can be reached: _____

Secondary Emergency Name & Phone Number if you cannot be reached: _____

Your pet is important to us and we will be monitoring them throughout the day. Boarding includes 3 walks per day.

NOT AN OPTION. All Dogs are required to have the following proof in order to Board prior to check in:

Current Annual Veterinary Physical Yes No Date: _____

Current Rabies Vaccine Yes No Date: _____

Current DHPP (Distemper) Vaccine Yes No Date: _____

Current Leptospirosis Vaccine Yes No Date: _____

Current Bordetella Vaccine Yes No Date: _____

Current Flea Prevention Yes No Date: _____

Any pet that has not been treated for fleas in the last 30 days or is infested will be treated at the owner's expense.

Negative Fecal Test within last 6 months Yes No Date: _____

Any pet that has parasites visible in their fecal will be tested and treated at the owner's expense.

Is your pet current on heartworm/intestinal parasite prevention? (i.e. Interceptor Plus, ProHeart 12, Sentinel)

Yes No Date of last dose: _____

Is your pet on any medications that need to be given while they are here? Yes No List below:

Medications: Were they given today? Yes No What Time: _____

_____ #tablet/capsule/ml _____ times per day

_____ #tablet/capsule/ml _____ times per day

_____ #tablet/capsule/ml _____ times per day

_____ #tablet/capsule/ml _____ times per day

What does your pet eat:

How much _____ How Often _____



DOG Boarding Check In Form (Front & Back)

Boarding Fees:

Boarding – Small Dog Cage	\$25.00/day	x number of days _____	\$ _____
Boarding – Large Dog Run	\$30.00/day	x number of days _____	\$ _____
Boarding – Indoor/Outdoor Run	\$35.00/day	x number of days _____	\$ _____
Boarding IN HEAT Female	\$ 5.00/day	x number of days _____	\$ _____
Medication Administration	\$ 5.00/day	x number of days _____	\$ _____
Additional Play Time – One on One (Max of 2 per day)	\$10.00/each	x number of days _____	\$ _____
Canine Bath	\$30.00/each		\$ _____
Canine Nail Trim	\$22.00/each		\$ _____

Additional Medical Services with Grandview Esates Veterinary, PC to meet requirements:

Physical	\$50.00 \$ _____	Fecal Test	\$25.00 \$ _____
Vaccine – Rabies	\$20.00 \$ _____	Immediate Flea Treatment	\$25.00 \$ _____
Vaccine – Distemper	\$25.00 \$ _____	Wormer	TBD \$ _____
Vaccine – Leptospirosis	\$25.00 \$ _____	Other Medications	TBD \$ _____
Vaccine – Bordetella	\$25.00 \$ _____		

The safety and well-being of your pet is our Number One priority. It is a responsibility we take very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control.

Grandview Estates Pet Lodge will use all reasonable precautions against illness or injury and efforts will be made to contact owners regarding any issues. However, procedures and/or treatments for any abnormality noted will not be withheld if contact is not able to be made. Your pet will be transferred to Compassionate Care Veterinary, PC. Sick pets will not be able to board and will not be transferred back to boarding at Grandview Estates Pet Lodge until released by said veterinarian and issues are resolved.

In the event your pet becomes ill or injured while in our care, our staff will initiate appropriate action until you or your agent (Emergency Contact) can be reached. You (the pet owner/guardian) give consent and authority to Grandview Estates Pet Lodge and Agents to provide or obtain medical treatment for your pet at Grandview Estates Veterinary, PC. Only essential medical treatment will be administered. You agree that you are responsible for any and all costs incurred by Grandview Estates Pet Lodge for the care of your pet. Grandview Estates Pet Lodge and all Agents assume no liability for any injury or illness to your pet.

Your signature acknowledges you are filling out this form to the best of your knowledge and agree to Grandview Estates Pet Lodge Policies and Procedures.

Signed: _____ Date: ____ / ____ / ____

Boarding Intake Form

(please complete entire form)

Date: ____/____/____

Owner/Guardian _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell Phone _____

How long have you had your pet? _____

Behavior Issues or Concerns your pet may have? -

Is your pet easily handled and friendly? _____

Emergency Contact: _____ Telephone Number _____

Emergency Contact #2: _____ Telephone Number _____

Who else is authorized to pick up your pet? (Note: photo ID may be required for pickup.)
Name _____ Telephone Number _____

PET INFORMATION

Name: _____ Breed: _____ Age: _____ Sex: M F

Color/Markings: _____ Weight: _____ Housebroken? Yes No

Spayed/Neutered? Yes No

Personal Items Brought: _____

Owner Signature

Date



Grandview Estate Pet Lodge

Boarding Agreement, Indemnity, Release & Waiver

I, the undersigned, warrant and certify that I am the owner or person responsible for the pet(s) brought to Grandview Estates Pet Lodge, 198 Grandview Lane, Norwich, NY 13815 for the purpose of boarding.

I understand I am responsible for, and agree to provide Grandview Estates Pet Lodge staff with the latest complete information about my pet(s), including underlying medical conditions, medications, physical limitations, behavior concerns, veterinarian name and contact information, and veterinarian recommendations and limitations for the pet(s) brought to Grandview Estates Pet Lodge. I agree that I am ultimately responsible for determining whether boarding is appropriate for my pet(s). I further agree that I am responsible for any risk posed by undisclosed medical conditions or behavior concerns.

I understand that by allowing my pet(s) to participate in any boarding or playtime activities offered through Grandview Estates Pet Lodge, I give my permission for the staff to take photographs, and/or videos, and to use the images or videos of my pet in printed matter, internet sites, or other promotional or advertising capacities. Photographs and videos are the property of Grandview Estates Pet Lodge.

I acknowledge that should I give permission for my pet to participate in any playtime activities, I recognize the possible risks involved in this activity, including but not limited to minor nicks and scratches. I accept full responsibility for any illness or injury that might happen to my pet(s), and accept damage or injury to persons, property or animals arising out of my pet's participation in play activities, use of the grounds, facility, and for the actions and conduct of the undersigned and my pet(s). Accordingly, I agree to indemnify Grandview Estates Pet Lodge and its owners, employees, and independent contractors, for monetary damages and attorney fees; and further waive all personal claims and releases against Grandview Estates Pet Lodge, its owners, employees, and independent contractors for the damage, injury or death sustained by me, arising out of my pet's participation in the activities and services are performed; and further waive subrogation claims of insurer. As a client of Grandview Estates Pet Lodge, I understand that my pet(s) and any person I bring onto the property enter/ participate at our own risk.

It is my express intent that this Release and Hold harmless Agreement shall also bind the members of my family and all respective heirs, executors, administrators, legal representatives, successors, and assigns, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of New York.

By signing below, I acknowledge that I have read, fully understand, and agree to comply with the terms of this Agreement, Indemnity, Release & Waiver.

Signed: _____

Dated this _____ day of _____, 20_____

Printed Name: _____

Grandview Estates Pet Lodge

Medical Release Form

The safety and well-being of your pet is our Number One priority. It is a responsibility we take very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control.

In the event your pet becomes ill or injured while in our care, our staff will initiate appropriate action until you or your agent (Emergency Contact) can be reached. You (the pet owner/guardian) give consent and authority to Grandview Estates Pet Lodge and Agents to provide or obtain medical treatment for your pet at Grandview Estates Veterinary, PC. Only essential medical treatment will be administered. You agree that you are responsible for any and all costs incurred by Grandview Estates Pet Lodge for the care of your pet. Grandview Estates Pet Lodge and all Agents assume no liability for any injury or illness to your pet.

Your signature acknowledges you are filling out this form to the best of your knowledge and agree to the above.

Signed: _____ Date: ____ / ____ / ____

Printed Name: _____

Grandview Estates Pet Lodge
Exam Request During Boarding

Name: _____
Patient Name: _____

Check In Date & Time: _____
Check Out Date & Time: _____

Type of Examination Requested: WELL HEALTH EXAM // DIAGNOSTIC EXAM Are there any concerns and/or changes in habits that you would like the doctor to address? YES // NO
If yes, please explain:

If yes, when did you first notice this change?

Have there been any changes in appetite/water consumption?

Lifestyle (Circle all that apply):

Indoor Outdoor Boarding Grooming Dog Park Hunting Swimming

Please initial ONE of the following:

_____ I give the veterinarians at Grandview Estates Veterinary, PC my permission for treatments that they deem necessary and am responsible for all veterinary service fees.

OR

_____ I request that the veterinarian contact me prior to any further diagnostics or any new treatments. I am responsible for all veterinary service fees verbally approved.

Best Point of Contact During This Stay:

You can reach me at _____ to discuss the status of my pet.

OR

I will NOT be reachable during this stay. I give permission for my emergency contact to make decisions in my place. Emergency contact is:

Name : _____ Phone # _____

In the event that Grandview Estates Veterinary is UNABLE to reach either me or my emergency contact, I understand that the doctors and staff will act in the best interest of my pet and will begin any treatments that they feel are necessary. I also understand that I will be responsible for any additional charges that may arise.

Owner Signature: _____ Date: _____