



3820 North University Avenue  
 Provo, UT 84604  
 (801) 224-2233

<b>For Office Use:</b>	<b>Size:</b> _____
<b>Check-In by:</b> _____	<b>Deposit:</b> _____
<b>Arrival Date:</b> ___/___/___	<b>Days:</b> _____

## Boarding Release Form

Client ID:  
 Client Name:  
 Address:

Patient ID:  
**Name:**  
 Species:  
 Breed:  
 Sex:  
 Color:  
 Birth Date:

Telephone: \_\_\_\_\_

**Traveling Contact Phone Number(s):**

Primary # (\_\_\_\_\_) \_\_\_\_\_ Secondary # (\_\_\_\_\_) \_\_\_\_\_

Email(s): \_\_\_\_\_

**Emergency Contact(s) and Phone Number(s):**

Name/Relation \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Name/Relation \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

**Vaccination Verifications:**

Vaccination Type	Date Due	Vaccination Type	Date Due
Distemper/Parvo/Corona		Feline Distemper	
Bordetella		Feline Leukemia	
Rabies		Other:	

Pet on heartworm preventative?  Yes  No

**MEDICATIONS:**  Yes  No (Please list all medications and dosages.)

Medication \_\_\_\_\_  Morning  Afternoon  Evening Quantity \_\_\_\_\_

Medication \_\_\_\_\_  Morning  Afternoon  Evening Quantity \_\_\_\_\_

**FEEDINGS:**  Client Provided – Brand Name \_\_\_\_\_  RPH Boarding Food

Morning Quantity \_\_\_\_\_ Special Instructions \_\_\_\_\_

Afternoon Quantity \_\_\_\_\_ Special Instructions \_\_\_\_\_

Evening Quantity \_\_\_\_\_ Special Instructions \_\_\_\_\_

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

**Special Instructions:** \_\_\_\_\_

**Initial here if you are providing your own bedding for the boarder [\_\_\_\_]**

Note: We are not liable for any damages to the bedding during the boarders stay.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **BOARDING REQUIREMENTS AND POLICIES SUMMARY**

### **ANIMAL REQUIREMENTS:**

1. All animals are required to have verifiable current vaccinations. If vaccines are not able to be verified, RPH will vaccinate the pet during boarding.
2. All animals must be free from external parasites (i.e. ticks, fleas, etc.)
3. All animals shall meet all state licensure and other requirements.
4. Each client shall have completed a Boarding Behavioral Interview and agreed to all terms under the Riverwoods Pet Hospital Boarding Policies, Procedures, and Waiver of Liability Agreement.

### **BATH AND BRUSH DISCOUNTS:**

1. For pets boarding longer than four days a discounted kennel bath and brush may be provided.

**Small \$16 Medium \$20 Large \$26**

### **PICK UP POLICY:**

1. Pick up is during **Monday-Saturday 8am – 10am**. If other arrangements need to be made, please give us a call.
2. **WE ARE CLOSED SUNDAYS**; pick ups are not available on Sundays.
3. Failure to pick up a pet during these designated hours may result in additional charges added to the bill even if the pet is returned that evening.
4. Persons other than the owner are allowed to pick up the pet in the owner's stead (with given notice).

### **WAIVER OF LIABILITY:**

1. By signing the Riverwoods Pet Hospital Boarding Policies, Procedures, and Waiver of Liability Agreement it is understood that all risk of boarding have been acknowledged and that owner will take full financial responsibility for any care and /or damage that may result while pet is being boarded.
2. By signing this document you understand that any blankets or beds you provide for your pets stay, we are not liable for any damages to said property inflicted by the pet. *Bedding will otherwise be provided for the duration of the stay in the form of potty pads or a towel.*

### **PAYMENT AGREEMENT:**

1. All boarding fees, services, and products must be paid in full by cash, check, or credit card at the time of picking up the pet.

### **VETERINARIAN LIABILITY AND CARE:**

1. RPH is not responsible for any medical conditions/problems that may arise while a pet is boarding (i.e. allergic reactions, upper respiratory infections, digestive problems, etc.)
2. It is understood that RPH is allowed to provide any medical treatment for your pet, if, in its sole discretion it appears that the pet appears to be ill, injured, or exhibits any other behavior that would reasonably suggest that the pet may need medical treatment.
3. If a tranquilizer is necessary for treatment or handling, RPH has permission to administer such medication.
4. It is understood that the owner has full responsibility for the cost of any such medical treatment.