



# Carmel Mountain Ranch Veterinary Hospital

V.I.P. (Very Important Pet) Club Boarding Form

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

Today's Date: \_\_\_\_\_ Go Home Date: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

Phone Number (Where you can be reached): \_\_\_\_\_

Emergency Contact Person/Phone Number (Can authorize treatment if needed) : \_\_\_\_\_

Diet: OURS  OWN

Feed: AM  PM  BOTH  How much: \_\_\_\_\_ cups

How much: \_\_\_\_\_ cans

MEDICATION/DOSE	HOW OFTEN	AM/PM
1.		
2.		
3.		

HAS ANY MEDICATION BEEN GIVEN TODAY/WHEN: \_\_\_\_\_

**Initial One:** Basic Package \_\_\_\_\_

Club Package \_\_\_\_\_  
Extra Play OR Extra Brushing

Spa Package \_\_\_\_\_  
Extra Play AND Extra Brushing

**For the safety and well being of your bird as well as our other avian patients/boarders, blood work is required**

*I understand that should <animal> require medical care while boarding I give my permission for said care. I assume financial responsibility for all charges incurred on behalf of <animal>. I understand that the hospital staff will attempt to reach me, or <animal>'s appointed guardian, by phone. This hospital is hereby given disposition authorization of <animal> unless I, or my authorized agent, pick up and pay all accrued charges for <him> within 14 days after notification that <he> is ready to be released from the hospital.*

I wish to admit <animal> \_\_\_\_\_ Date: \_\_\_\_\_

Please be aware, this facility like all other day practices is not staffed overnight.

**WE ARE NOT RESPONSIBLE FOR ANY LOST ARTICLES**