

MOUNTAINVIEW PET RESORT & SPA BOARDING CONSENT FORM

Owner Name: _____ Phone Number: _____

Pet Name: _____ Pet's Weight: _____

Date of Drop Off: _____ Date of Pick-Up: _____

*****PICK UP IS ONLY AVAILABLE BETWEEN 4:00PM & 5:00PM ON SUNDAYS*****

Drop-Off for Monday - Friday 1:00 - 5:00PM --- Saturday 9:00AM- 1:00PM

Pick-Up for Monday - Friday 9:00AM - 12:00PM --- Saturday 9:00AM - 1:00PM

Please list any additional persons that have permission to pick up your pet:

Food (Circle One) Pet's Own Food/Clinic's Food Amount to be Feed _____

Type of Food if Pet's Own Food: _____

Feeding Frequency: Once Daily: AM/PM (circle one) Twice Daily

If your pet is on any medications, please not the medication & the dosing instructions below. Please not that there is a minimal fee for medication administration.

Medication: _____ Dosage/Frequency: _____

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Please list all your pet's belongings (in detail):

Please circle your pet's lodging:

CATS

Cage @ \$14.50/night

Suite @ \$19.50/night

Suite @\$32.50/night

DOGS

Cage @ \$16.50/night

Run @\$19.50/night

Additional Pet Fee is \$9.99/night

Day-Care @ 1/2 cost of the above rates

Please indicate any additional procedures you would like performed while your pet is with us. _____

****A capstar will be administered @ the owner's expense to any animals on which live fleas are found** Any property damages, owner will be responsible for cost of repairs****

I, the undersigned, give veterinarians of Mountainview Veterinary Services permission to treat the above pet in an emergency. I also release Mountainview Pet Resort & Spa from any liability relating to fire, natural disaster, or other environmental factors.

Signature: _____

Date: _____

Witness: _____

Date: _____