

Mountainview Pet Resort and Spa Boarding Consent Form

Owner Name: _____ Phone number(s): _____

Pet Name: _____ Pet's weight: _____

Date of Drop off: _____ Date of pick up: _____

*Pick up is only available between 4:00pm and 5:00pm on Sunday.

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

Food (circle one): Pet's Own Food or Clinic's Food Amount to be fed each feeding: _____

Type of food (if pet's own): _____

Feeding Frequency (circle one): Once-Morning Once-Evening Twice Daily Free Feeding

If your pet is on any medications, please note the medication and the dosing instructions below. Please note that there is a minimal fee for medication administration.

Medication: _____ Dosage/Frequency: _____

Medication: _____ Dosage/Frequency: _____

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

Please circle your pet's lodging:

<u>Cats</u>		<u>Dogs</u>
Cage at \$12.50/night	Cage at \$14.50/night	Suite at \$30.00/night
Suite at \$17.50/night		Run at \$17.50/night
Daycare at ½ cost of above rates.		

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

*A Capstar will be administered at the owner's expense to any animals on which live fleas are found.

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

Signature: _____ Date: _____