



4320 East Boulevard  
Deer Park, Tx. 77536  
phone: 281-479-0405  
fax: 281-241-8916  
Email@DeerParkVets.com

**Boarding Admission Form**

Owner: \_\_\_\_\_ Pet: \_\_\_\_\_

Admit Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Reservation Type (see website for descriptions)  Standard  Premium  Luxury  Cat Condo

My pet needs these services while boarding: \_\_\_\_\_

Feeding Guidelines:  Own Food: Amount \_\_\_\_\_  Once daily OR  Twice daily

Clinic food fed by weight  Once daily OR  Twice daily

Medications: Must be in original prescription bottle. Please list name(s) of medication & instructions below:  
\_\_\_\_\_

**Has your pet been coughing, sneezing or showing any respiratory disease in the last 14 days?  
 Yes  No**

Would you like extra play time for your dog for an additional \$9.00 per day? YES  NO

Would you like your pet to participate in Group Play if they pass temperament testing? YES  NO

Group Play available on Mondays, Tuesday, Thursdays, and Friday only

Would you like a bedtime snack and extra cuddles for \$3.00 per day? YES  NO

Would you like your pet bathed before their departure at a 25% discount?

No Thanks  Bath Only  Bath w Flea Application  Flea Application only

**If you choose your pet to have a bath - pet will not be ready till after noon Mon-Friday**

**All baths are done Monday -Friday.**

I understand that animals in group settings, such as boarding, grooming, and group play are exposed to common illness, similar to that of humans. Owners agrees to assume the risks and hazards that may be expected to arise from boarding around other animals.

In order to protect our patients from infectious diseases, we require that all animals entering the hospital show proof of current vaccinations through a licensed veterinarian for the following diseases:

Canine- DHLPP, Bordetella, Canine Influenza Combo, & Rabies. Feline: FVRCP & Rabies.

**I UNDERSTAND MY PET WILL BE VACCINATED AS REQUIRED IF NOT PROVEN CURRENT.**

I assume financial responsibility for the services rendered and understand that full payment is due upon completion of services.

Phone number where I can be reached: \_\_\_\_\_

Emergency contact name & number: \_\_\_\_\_

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

Additional notes/Belongings: \_\_\_\_\_

In case of illness during your pet's stay, we will attempt to contact you before proceeding. However, if you cannot be reached how would you like us to proceed.  I authorize any additional services that the doctor recommends during my pet's stay.  I authorize additional services but not to exceed  \$100  200  300  I do NOT authorize any additional services without being contacted first.