



# TRINITY PET RESORT

## BOARDING APPOINTMENT INFORMATION FORM

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Pet Name: \_\_\_\_\_ Date In: \_\_\_\_\_ Est. Time: \_\_\_\_\_ Date Out: \_\_\_\_\_ Est. Time: \_\_\_\_\_  
Preferred method of contact while your pet is boarding: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*I authorize my Emergency Contact to make medical & financial decisions in my absence (Initial if "Yes")

**REQUESTED AMENITIES** Subject to availability

Luxury Boarding	Boarding Select	General & Feline Boarding	My pets will board together	Bath or Groom
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**SERVICES**

Group Daycare	Individual daycare	Toe Nail Trim	Anal Gland Expression	TLC	Need for vaccination/fecal services will be determined base on vaccination records
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NOTE: Vaccination records must be on file prior to checkin if not being updated during boarding stay. A separate estimate may be provided for hospital services.

**FEEDING INSTRUCTIONS** My pet has a food allergy

Please feed the food provided for boarding (amounts determined by weight)

If bringing food or treats

Dry:	Amount per meal:	Breakfast	Lunch	Dinner
Wet:	Amount per meal:			
Treats:	Quantity:			
Special Instructions				

Dry food should be prepackaged in ziplock bags for each feeding. Please note food brand and amount above for our records.

**MEDICATION INSTRUCTIONS** \*\*Keep in original bottles

Drug Name & Strength	Dosage Instructions	AM	Noon	PM
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**PERSONAL ITEMS** Please detail ALL items that will be left for your pet (approved toys - see brochure, t-shirt, leash, etc.)

**MENTAL HEALTH & ANXIETY**

All Pet Resort staff receives training to recognize and minimize stress in our boarding guests. Seeing pets shake, drool, pant, not eat well, have loose stools, or be fearful are all signs of anxiety or stress while being away from home. We provide measures to minimize this such as calming pheromones, music, healthy paws, daycare, and attentive care but sometimes medication may be beneficial. Please select one of the following regarding anxiety medication for your pet while boarding:

My pet is currently on anxiety medication	Call me if my pet would benefit from anxiety medication	Please provide my pet with anxiety medication if needed (current exam with a TVH veterinarian is needed for this)	My pet does not need anxiety medication
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## **Boarding Consent Form Please note**

**the following:**

- submitting this form DOES NOT reserve your pet a place for boarding. A member of our staff will contact you to confirm your reservation
- to properly care for your pets, a form must be filled out for each individual that will be boarding with us
- the information you fill out here will be the official paperwork for your pet's stay so please provide all requested information
- a fee sheet has been provided. If an official estimate is preferred, please let our staff know when calling to confirm your reservation

### **Personal Items**

You are more than welcome to bring your pet's food, treats, toy, and t-shirt (no bedding allowed unless previously approved). Please note there is always a possibility of items becoming lost or misplaced, especially when being washed or cleaned. Your items may go home with a label containing your pet's information.

### **Boarding Requirements**

Canine:

- DHPP (1 year or 3 year)
- Leptospirosis (1 year)
- Rabies (1 year or 3 year)
- Bordetella (6 months)
- Canine bivalent flu (H3N2/H3N8)
- Fecal examination (6 months)

Feline:

- FVRCP (1 year or 3 year)
- Rabies (1 year or 3 year)
- Fecal examination (6 months)

All boarded pets need to have a current fecal or be on a dewormer. Otherwise, we will run a fecal in house. Proof of vaccination is required for all animals boarding, and the necessary vaccines can be given if the pet does not have them upon admission.

By signing below, I hereby certify that I am the owner (or duly authorized agent for the owner) of the stated animal. While my pet is boarding, I authorize Trinity Veterinary Hospital PLLC full and complete authority to administer such treatment, diagnostic, surgical, and anesthetic procedures as they deem necessary to keep my pet(s) safe and healthy in the event I cannot be reached. I do hereby release the doctors and their representatives from any and all liability for the care, treatment and safekeeping of the above-described animal(s). I assume financial responsibility for the requested services and will provide payment in full via cash, credit card, or check at the time my pet is checked out of boarding.

\*\*Signature: \_\_\_\_\_

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

\*\*Signature can be obtained when checking pet in for boarding