



**Pet Name:** \_\_\_\_\_ **Client Name:** \_\_\_\_\_  
**Boarding start date:** \_\_\_\_\_ **time:** \_\_\_\_\_ → **Boarding pickup date:** \_\_\_\_\_ **time:** \_\_\_\_\_

*Boarding admission and pick-up must be within regular business hours for GVC*

**Boarding Requirements:**

**Vaccines:** For both your pet's protection, and the protection of all other boarding guests and hospitalized patients, ferrets are required to have distemper and rabies vaccines be current during the duration of the boarding period; pot-bellied pigs are required to have tetanus and erysipelothrix vaccines be current during the duration of the boarding period. Vaccines are not required for other non-feline/non-canine species.

**Flea free:** All boarding patients must be free of fleas and other external parasites. One of our team members will check your pet for evidence of fleas at check in. If evidence of fleas is found at that time, or at any time during your pet's stay, your pet will be treated topically using flea control appropriate for the species, at your expense.

**Last flea product used:** \_\_\_\_\_ **Date given:** \_\_\_\_\_

**Authorization:**

\_\_\_\_\_  
(INITIAL) I authorize GVC to board my pet during the above dates.

\_\_\_\_\_  
(INITIAL) I authorize GVC and its doctors to evaluate my pet's condition in the event of undue stress while boarding, and prescribe and administer anti-anxiety medication to maintain my pet's comfort. I assume all costs associated with examination, medication, and medication administration.

\_\_\_\_\_  
(INITIAL) In the case of illness, emergency, or accident, GVC has my permission to administer emergency treatment until I or my authorized agent can be contacted to authorize further treatment. I understand that in the event that my authorized agent or I cannot be contacted, the doctors at GVC will administer treatment deemed necessary for the health, safety, and well being of my pet while under the care and supervision of GVC. I understand that I am responsible for any costs associated with any diagnostic tests or treatment performed.

\_\_\_\_\_  
(INITIAL) I understand that full payment is required in order for my pet to be discharged.

**Feeding Instructions:**

Brand/type of food	Quantity? (measuring cup or scoop?)	Frequency
	# _____ <input type="checkbox"/> cups / <input type="checkbox"/> scoops	<input type="checkbox"/> AM <input type="checkbox"/> MIDDAY <input type="checkbox"/> PM
	# _____ <input type="checkbox"/> cups / <input type="checkbox"/> scoops	<input type="checkbox"/> AM <input type="checkbox"/> MIDDAY <input type="checkbox"/> PM
	# _____ <input type="checkbox"/> cups / <input type="checkbox"/> scoops	<input type="checkbox"/> AM <input type="checkbox"/> MIDDAY <input type="checkbox"/> PM

**Dietary restrictions:** \_\_\_\_\_

**Medications & Supplements (name, concentration, dose, frequency):**

Name/concentration	Dose/frequency	# Brought

**Belongings:**

**Treats:** \_\_\_\_\_ **Collar/harness/leash:** \_\_\_\_\_  
**Toys:** \_\_\_\_\_ **Food/container:** \_\_\_\_\_  
**Bedding:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Contact Info:**

	Name	Phone Number	Time Zone
<b>Owner</b>			
<b>Alternate Contact</b>			

Yes, I would like to be contacted by e-mail or text with updates on my pet while boarding:  
 send e-mails to: \_\_\_\_\_  send texts to: \_\_\_\_\_

**Signature (Owner/Agent):** \_\_\_\_\_ **Date:** \_\_\_\_\_