

SOUTHSIDE PET HOSPITAL, INC.
231 East Dennis Avenue
Olathe KS 66061
913 782-0173

BOARDING RESERVATION
(Please bring with you when you come to check-in)

To _____ Date _____
We have reserved boarding space for _____ beginning on _____ to _____

VACCINATIONS

For your pet's protection, we require all pets staying in our clinic to be current (given within the last 12 months) on DHPPC-C; Rabies, Bordetella, FVRCP vaccinations and a fecal check.

_____ DHPPC is current until _____

_____ FVRCP is current until _____

_____ Rabies is current until _____

_____ Bordetella is current until _____

_____ Fecal check is current until _____

FOOD AND TOYS

We provide Eukanuba foods to all our boarding pets. If your pet needs a special food or is on a prescription diet food, you will need to leave it when you drop off your pet. We ask that any food and/or toys be clearly marked with the pet and owner name. We will do our best to return any toys at the time of release.

MEDICATION AND SPECIAL NEEDS

There is a daily charge for administering medications and providing special treatments. It would be helpful for directions to be written and given to the staff at the time of check-in.

GROOMING AND REQUESTED SERVICES

Prior arrangements must be made for grooming, baths, nail trims and other services to be performed while your pet is boarding. Please contact the clinic to schedule these services. A written list of the requested services would be appreciated at the time of check-in.

PICK-UP TIMES

Discharge times will be during normal clinic hours unless prior arrangements have been made. You will be charged the daily rate on the day your pet is checked-in. Your pet will need to be picked up prior to 12:00 noon to avoid charges on the release day.

EMERGENCY TREATMENT

In case of emergency, please notify me at _____

Or contact _____ Phone _____

I hereby authorize any emergency treatment and/or administration of medication deemed necessary by the attending veterinarian. I understand this includes diarrhea, emergency illness and other medical needs. I agree to pay for the reasonable costs of emergency treatment.

Owner Signature _____