



Frontier Veterinary Hospital | 4500 NE Cornell Road, Hillsboro OR 97124 | 503-648-1643 | FrontierVet.com

Boarding Form Instructions:

Please complete the following forms for your pet(s) boarding stay at Frontier.

Page 1 - Client Authorization: This form only needs to be filled out once per boarding stay.

Page 2/3 - Dog/Cat Instructions: This form must be filled out individually for each pet that is staying with us. Please print additional copies of this form if multiple pets are boarding.

Filling these out ahead of time and bringing the completed forms with you will greatly reduce drop-off time. If bringing the completed forms, please plan on approximately 10 minutes for drop-off. If not, plan on a *minimum* of 20 minutes. If you need assistance, please ask a receptionist; we are happy to help!

Medical Boarding Form- Client Authorization



Check in date		
Check out date	Day of the week	Estimated pick up time

Client Contact Information	
Name:	
Home Address:	
Email:	
Contact Phone Number(s):	
Alternate Contact Name:	
Alternate Contact Phone:	

Pet Information	
Name/Species (ie. cat, dog)	Alone or sharing kennel with:
1.	
2.	
3.	
4.	
5.	

Accommodations: I hereby entrust Frontier Veterinary Hospital (FVH) to care for my pet(s) during his/her boarding stay. FVH will use all reasonable precautions against illness, injury, or escape of my pet, but will not be held liable or responsible in any manner whatsoever. FVH will provide accommodations deemed appropriate for the safety, health, and comfort of my pet(s). If my pet is immunocompromised or vaccine-exempted, Frontier will make an effort to accommodate my pet in a low-traffic area of the hospital, however this cannot be guaranteed.

Emergency or Illness: I have provided the above phone number(s) to reach me in case of emergency, or the name and phone number(s) of an alternate contact person who is able to authorize services if I cannot be reached. In the event of an illness or emergency, FVH will attempt to contact me or my alternate contact at the phone number(s) provided; however, I understand that if I cannot be reached within a reasonable length of time, I authorize FVH to treat my pet however is deemed necessary for his/her health and well-being, and I agree to pay for any and all expenses that may be incurred.

Boarding Requirements: I understand that vaccines are required for boarding; cats must be current on FVRCP and Rabies vaccinations, dogs must be current on DHP, Bordetella, and Rabies vaccinations. If the required vaccines are NOT current, they will be given during my pet(s) stay, and I understand that a physical examination may be required prior to vaccinating my pet. Additionally, if my pet is found to have fleas, a flea treatment will be applied. I agree to pay all charges associated with these services. I understand that boarding my pet bears an inherent risk of communicable disease transmission, regardless of vaccine or parasite preventative administration, and I accept this risk and the cost associated with medical treatment, if necessary.

Pick-up: I will plan to drop off and pick up my pet 30 minutes before the office closes. If I arrive after the office has closed, I understand that there is a LATE DROP OFF/PICK UP FEE of \$50.00. Should my pet remain unclaimed after the date that I have stated as the pick-up date, written notice will be mailed to my address. Seven days after such written notice, I understand that the pet will be considered abandoned. It is further understood that such action will not relieve me from paying all accumulated charges, including boarding.

Personal Belongings: I understand that pets may tear, chew and/or swallow items left in the kennel during boarding, including their own collar or the collar of a kennel mate. I accept all financial responsibility for any medical or surgical intervention that may be required should my pet(s) be harmed as a result of any items I have requested be left in the kennel. I have listed the items I want kept in my pet's kennel on the Boarding Instruction page(s) and authorize them to be in the kennel with my pet(s) during their boarding stay. I am aware that my pet(s) are not supervised at all times, and understand that any item not included on the list will not be provided to my pet(s)

Photos: We sometimes photograph pets that are boarding with us and share these photos on our website and social media. For your privacy, we only share your pet's first name. **If you wish to decline sharing your pets photos, please initial here _____ .**

I have read the foregoing and agree. I have completed a Boarding Instructions page for each pet. I am the legal owner and financially responsible party.

Signed: _____ Date: _____

Special Note to Owners of Dogs on NSAID Medications: Some non-steroidal anti-inflammatory (NSAID) medications can cause an adverse reaction when a pet is under stress. Prescriptions such as Rimadyl, Metacam, Etogesic and Deramaxx will not be given during your pet's stay with us. If you wish to decline this recommendation please complete the following:

- I decline the above recommendation, and I agree that I have been informed as to the risks associated with NSAID use in boarding dogs.
- I choose to have the medication administered during my pet's stay. **Signature:** _____

For Office Use:

Check-in CSR: _____ Check-in Tech: _____ Check-out CSR: _____

Medical Boarding - Dog Instructions

This form must be completed individually for each pet

Pet's Name:	Last Name:	Flea treatment name:	Date given:

Medical Boarding Packages

Type	Rate	Accommodation	Type	Rate	Accommodation
<input type="checkbox"/> Medical Boarding Level 1	\$24 per night + <u>regular boarding rate</u>	Standard boarding area	<input type="checkbox"/> Medical Boarding Level 2	\$64 per night total, includes boarding	Species-specific ICU

Feeding - We will feed Frontier's dry food or feed your provided food at no additional cost

Frontier's food or if you are providing food, indicate brand and name:	Amount (ie. free feed, 1 cup, 1/2 can, etc)	Frequency (check all that apply)	Next feeding due
Dry:		<input type="checkbox"/> AM <input type="checkbox"/> Midday <input type="checkbox"/> PM	
Canned:		<input type="checkbox"/> AM <input type="checkbox"/> Midday <input type="checkbox"/> PM	
Other:		<input type="checkbox"/> AM <input type="checkbox"/> Midday <input type="checkbox"/> PM	

***If your pet runs out of the food you provided while boarding: If it is a food FVH stocks, we will open a new bag/can(s) and invoice accordingly. If it is not a food FVH stocks, we will feed your pet our standard boarding food at no additional cost.

Belongings - Please list all of your pet's belongings. Be specific; list description with color, size, etc.

I authorize the following items to be left in my pet's kennel:	These items are NOT to be placed in my pet's kennel:
1. Frontier's bedding? <input type="checkbox"/> No <input type="checkbox"/> Yes	1.
2.	2.
3.	3.
4.	4.

*** We strongly recommend labeling your pet's belongings- your or your pet's name written in permanent marker on the tag or somewhere on the item.

Medications - Administration is included in Medical Boarding rates

Are there medications, subcutaneous fluids, and/or injections we must administer? No Yes- Please complete the medication information below.

Medication Name	Dose (ie. 1 pill, 1/2 pill)	Frequency (ie. every 12 hours)	Next Dose Due - Date & Time	Labeled?
1.				<input type="checkbox"/> Yes
2.				<input type="checkbox"/> Yes
3.				<input type="checkbox"/> Yes
4.				<input type="checkbox"/> Yes
5.				<input type="checkbox"/> Yes

*** Medications must be clearly labeled; medications that are not labeled will not be administered.

Optional Packages - \$8 per 15 minute session

Select	Number of sessions?	How often?	Package	Description
<input type="checkbox"/>		<input type="checkbox"/> Per day <input type="checkbox"/> Total	Pampered Pooch	Perfect for the pampered lap dog or senior pet. Your dog will get one-on-one snuggle time with our staff and a treat.
<input type="checkbox"/>		<input type="checkbox"/> Per day <input type="checkbox"/> Total	Playful Pooch	If your dog loves to romp and play, this is the package for you! One-on-one playtime with our staff- we'll throw a ball, tug-o-war, or do whatever activity your active dog enjoys.

Add-on Photo package - Add to any above package for \$3 per session (only available as an add-on)

<input type="checkbox"/>		<input type="checkbox"/> Per day <input type="checkbox"/> Total	Picture Package	We will photograph your pet during his or her Playful or Pampered Pooch session, then email or text you a picture! Text # _____ Email _____
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If you need room to make notes, please use the back of this page.

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Medical Boarding - Cat Instructions

This form must be completed individually for each pet

Pet's Name:	Last Name:	Flea treatment name:	Date given:

Medical Boarding Packages

Type	Rate	Accommodation	Type	Rate	Accommodation
<input type="checkbox"/> Medical Boarding Level 1	\$24 per night + <u>regular boarding rate</u>	Standard boarding area	<input type="checkbox"/> Medical Boarding Level 2	\$64 per night total, includes boarding	Species-specific ICU

Feeding - We will feed Frontier's dry food or feed your provided food at no additional cost

Frontier's food or if you are providing food, indicate brand and name:	Amount (ie. free feed, 1 cup, 1/2 can, etc)	Frequency (check all that apply)	Next feeding due
Dry:		<input type="checkbox"/> AM <input type="checkbox"/> Midday <input type="checkbox"/> PM	
Canned:		<input type="checkbox"/> AM <input type="checkbox"/> Midday <input type="checkbox"/> PM	
Other:		<input type="checkbox"/> AM <input type="checkbox"/> Midday <input type="checkbox"/> PM	

***If your pet runs out of the food you provided while boarding: If it is a food FVH stocks, we will open a new bag/can(s) and invoice accordingly. If it is not a food FVH stocks, we will feed your pet our standard boarding food at no additional cost.

Belongings - Please list all of your pet's belongings. Be specific; list description with color, size, etc.

I authorize the following items to be left in my pet's kennel:	These items are NOT to be placed in my pet's kennel:
1. Frontier's bedding? <input type="checkbox"/> No <input type="checkbox"/> Yes	1.
2.	2.
3.	3.
4.	4.

*** We strongly recommend labeling your pet's belongings- your or your pet's name written in permanent marker on the tag or somewhere on the item.

Medications - Administration is included in Medical Boarding rates

Are there medications, subcutaneous fluids, and/or injections we must administer? No Yes- Please complete the medication information below.

Medication Name	Dose (ie. 1 pill, 1/2 pill)	Frequency (ie. every 12 hours)	Next Dose Due - Date & Time	Labeled?
1.				<input type="checkbox"/> Yes
2.				<input type="checkbox"/> Yes
3.				<input type="checkbox"/> Yes
4.				<input type="checkbox"/> Yes
5.				<input type="checkbox"/> Yes

*** Medications must be clearly labeled; medications that are not labeled will not be administered.

Optional Packages - \$8 per 15 minute session

Select	Number of sessions?	How often?	Package	Description
<input type="checkbox"/>		<input type="checkbox"/> Per day <input type="checkbox"/> Total	Pet & Purr	Perfect for the pampered lap cat or senior pet. Your cat will get one-on-one snuggle time with our staff and a treat.
<input type="checkbox"/>		<input type="checkbox"/> Per day <input type="checkbox"/> Total	Pounce & Play	If your cat loves to play, this is the package for you! One-on-one playtime with our staff- we'll tempt your kitty with string toys, catnip mice and play on the cat tree .

Add-on Photo package - Add to any above package for \$3 per session (only available as an add-on)

<input type="checkbox"/>		<input type="checkbox"/> Per day <input type="checkbox"/> Total	Picture Package	We will photograph your pet during his or her Pet & Purr or Pounce & Play session, then email or text you a picture! Text # _____ Email _____
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