



COUNTRYSIDE VETERINARY CLINIC
 1231 N. KNOWLES AVENUE NEW RICHMOND, WI 54017

Boarding Instructions/Authorization/Consent Form

Owner: _____
Address: _____
Contact Numbers: _____
e-mail Address: _____

Pet's Name: _____

Arrival Date: _____

Time of Day Arrival – Saturday thru Sunday

- Saturday 7:30 am – 12:30 pm
- Saturday 5:30 pm – 6:30 pm
- Sunday 8 am – 9 am
- Sunday 5:30 pm – 6:30 pm

Pick-Up Date/Time: _____

Time of Day Pick-Up – Monday thru Friday

- 8 am – Noon
- Noon- close (regular business hours)

Time of Day Pick-Up – Saturday thru Sunday & Holidays

- Saturday 7:30 am – 12:30 pm or 5:30 pm – 6:30 pm
- Sunday 8 am – 9 am or 5:30 pm – 6:30 pm
- Holiday** 8 am – 9 am / 5:30 pm – 6:30 pm

Diet/Feeding Instructions – Amount to Feed: _____

- Feed twice a day
- Feed once a day __am / __pm
- Free Choice

Has Your Pet Eaten Today?

- Yes - last fed: _____
- No

Medications/Supplements: Amount:

Frequency:

1.	Amount:	Frequency:
2.		
3.		
4.		

Grooming/Bathing ala Carte Services:

Grooming appointments may be available during your pet’s stay at CVC. Bath & Brush/Pedicure (does not include haircut, ears cleaned, glands expressed) is also available during your pet’s stay*.

- Bath/Brush by Kennel Attendant* - please ask for current pricing *matted coats requiring full grooming services must make an appointment with the professional groomers – also - not available for Sunday only boarding
- Pedicure by Kennel Attendant – please ask for current pricing *not available for Sunday only boarding
- Full Groom w/Professional Groomer – by Appt – please ask for current pricing *not available for Saturday/Sunday only boarding

My pet would enjoy playtime with our Kennel Attendants:

- Yes – please ask for current pricing
- # of Times - _____ *Number of playtimes can vary due to admission/discharge timeframes
- No Thanks

EMERGENCY CONTACT:

Name: _____

Phone: _____

We will be happy to text updates during your pets’ stay with us (*not available for Sunday only boarding)

- Yes Phone number if different than Emergency Contact _____
- No

Medical Illness Policy: If your pet(s) becomes ill or in need of emergency medical services while in our care, we will make every attempt to reach you or your designated emergency contact regarding symptoms, treatment options and costs. The owner or emergency contact of the pet in our care is responsible for all medical expenses incurred in addition to boarding fees.

Vaccination/Flea Policy: All canines in our care must be current on rabies, distemper and bordetella 2 weeks before boarding. All felines in our care must be current on rabies and distemper. All pets will be checked for fleas before entering the boarding facility. Treatment with Frontline Plus is strongly recommended prior to boarding.

I applied _____ on _____
(Name of Flea/Tick Preventative) (Date Applied)

Signature of Owner _____ **Date** _____



Hospital Staff Only:

Admitted by: _____ ***Kennel Attendant:*** _____ ***Flea Check:*** _____