



Canines, Cats & Critters
6513 Susannaberg
St. John, VI 00830
340-693-7780

BOARDING CONSENT FORM

Owner's Name: _____ Pet(s) Name: _____
Check in: _____ Check out: _____ Breed: _____ Color: _____ Age: _____
Cell Phone: _____ Email: _____

Which of these is the best way to reach you while your pet is boarding? _____

Emergency Contact: _____ Phone(s): _____

**** I authorize my Emergency Contact to make medical & financial decisions in my absence.** ☐ (Initial if yes)
I would like my pet to have the following services performed while boarding Nail Trim (\$20) Bath (\$30-\$60) ☐

SOCIALIZATION Would you like your dog socialized with other dogs? Yes ☐ No ☐
What is your pet's general behavior and temperment? _____

HEALTH CONCERNS Do you have any health concerns with your pet? Yes ☐ No ☐
If so, what? _____

FOOD Please list your pet's usual brand/ type of food and typical feeding schedule.
Dry: _____ Amount Per Meal: _____ Frequency: _____
Wet: _____ Amount Per Meal: _____ Frequency: _____
Treats: _____ Quantity: _____ Frequency: _____
Time of pet's last meal: _____ am / pm Amount Eaten: _____
Special Instructions: _____

<u>MEDICATIONS</u>	Please list any medications your pet is currently on, or attach list.	
Drug Name	Dosage Instructions	Time Last Given
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL ITEMS Please list and describe all items you have brought with your pet today

<input type="checkbox"/> Dry/Wet Food	<input type="checkbox"/> Pet Bed : _____	Other: _____
<input type="checkbox"/> Treats	<input type="checkbox"/> Blanket : _____	_____
<input type="checkbox"/> Medications	<input type="checkbox"/> Leash/Collar : _____	_____
<input type="checkbox"/> Carrier/ Crate	<input type="checkbox"/> Toy(s) : _____	_____

PARASITES All incoming pets are carefully examined for any evidence of parasites, to prevent parasite infestation of our facility . If any parasites are detected, a treatment will be given at the owner's expense. This policy is for the protection of your pet and others.
Current prevention type: _____ Date of Last Dose: _____

HEALTH To protect the health of your pet and the hospital patients, ALL pets boarding at Canines, Cats & Critters must have had a physical exam with heartworm test within the past year, and be current on their vaccinations. If they are NOT current on their exam or vaccines, these services will be performed upon admitting the pet for boarding at the owner's expense.

ILLNESS If your pet becomes ill or requires medical attention while boarding with us, they will be examined and treated by our veterinarian at the owner's expense.



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OTHER	Please share with us any other information that you think we should know about your pet.

An aggressive dog is defined as a dog that has bitten or injured a human or another dog, and/or growls, bares teeth, lunges or snaps at a person or dog. Owners must inform us of the potential for aggressive behavior prior to making reservations. The owner of the aggressive dog will be held liable for any injury sustained to another dog, an employee, representative, or clients of Canines, Cats & Critters and for any damage to our facility caused by said dog. Should an aggrssive dog injure itself and be unapproachabel by our staff, the owner and their on island representative will be contacted and the dog must be removed from the premises so that it may be properly cared for.

I agree that I leave my pet(s) with Canines, Cats & Critters at my own risk, and agree to hold Canines, Cats & Critters and it's owners, employees and agents harmless from any loss or damage from disease, death, running away, theft, fire, injury to persons, other pets or property by my pets, or other unavoidable causes, with due dililgence and care having been exercised.

I understand and agree that owners and/or staff of Canines, Cats & Critters have relied on my representation that my pet(s) is/are in good health and have not harmed or shown aggressive or threatening behavior twoards any person or other pets.

If my pet(s) become ill or injured, the owners or staff of Canines, Cats & Critters shall have the right to treat, administer medicine or give other advisable attention, within their discretion and judgement, and any expenses associated therewith shall be my finacial resposibility.

I am aware that photos of my pet(s) may appear on Canines, Cats & Critters Facebook page, but my personal information will not be shared.

I understand and agree that any incurred boarding or medical expenses will be the responsibilty of the owner or agent and must be paid for in full at the time the pet is picked up.

Authorized Owner/ Agent: _____ **Date:** _____