

## Bed and Bisquit Release Form

Client Number:

Pets Name:

Client Name:

Client Cell:

Boarding From \_\_\_\_\_ To \_\_\_\_\_ Kennel Type: \_\_\_\_\_

**ALERTS:** Any allergies or health concerns?

**Medical History:** Pets must be current on all vaccinations.

**Reminders:**

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### No Charge Check In Evaluation

Our Boarding Team will evaluate your pet for any obvious health concerns at check in time. You will be alerted if there is a concern that requires doctor's attention. Vaccines will not be given unless a medical exam has been completed with a Village Park doctor in the last four months (Bordetella will be given if an exam has been completed in the last year).

Does your pet have any preexisting problems you would like us to be aware of?

Do you have any special medical needs or requests for your pet?

Any coughing, sneezing, or vomiting?

Is your pet having regular urination and bowel movements?

Is your pet eating and drinking well?

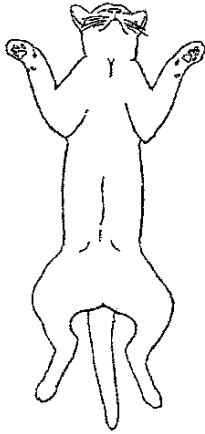
Any scratching, shaking ears, rubbing or squinting eyes? When did it start?

Are there any lumps, bumps or coat changes you have noticed? Where?

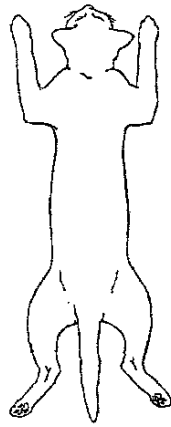
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Check In Person: \_\_\_\_\_

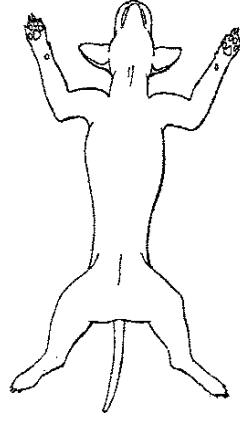
# Bed and Bisquit Release Form



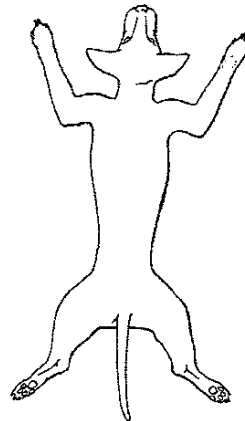
Stomach



Back



Stomach



Back

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Check In Person: \_\_\_\_\_

# Bed and Bisquit Release Form

Client:  
Client Name:

Pets Name:  
Client Cell:

**1. Is your pet on any medication?**

**Name, How Do You Give It, and Do You Need Refills?**

There is a charge of \$3.75 for each time medications are administered.

**2. What are you pets regular eating habits?**

Brand of food:

Canned or Dry:

Amount and Frequency fed:

Treats:

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**3. What Belongings did you bring with your pet?**

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*VPAH will not be held responsible for items left with my pet (ie. blankets, toys, clothes, food, treats, bedding). Toys & treats will be given at Doctor's discretion.*

**Boarding Exam to be completed by Check In Person at Drop Off:**

Weight at Check In:

Temperature:

Temperament:

Eyes:

Ears:

Mouth:

Body/Coat Check:

Nails:

Other Notes:

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Check In Person: \_\_\_\_\_

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4. If your pet will be staying with us for five or more nights, we'd like to offer them a special treat! Which would your pet prefer?

Dogs: Nail Trim \_\_\_\_\_ Cats: Nail Trim \_\_\_\_\_  
Brush every 3 days \_\_\_\_\_ Brush every 3 days \_\_\_\_\_  
Garden time every 3 days \_\_\_\_\_

5. Would Your Pet Like Any Special Extras?

_____	Romp in the Park _____	\$10.00
_____	Movie Time _____	\$13.00
_____	Playtime in the Garden _____	\$5.75
_____	Pillow Talk for Dogs _____	\$5.00
_____	Cuddle Time for Cats _____	\$5.00
_____	Pet Massage _____	\$30.00
_____	Brush Out _____	\$6.25
_____	Nail Trim _____	\$18.50
_____	Anal Glands Expressed _____	\$39.00
_____	House Bath at AquaPaws Grooming Salon _____	Price Varies

### ROMP IN THE PARK RELEASE

I, the undersigned client, understand and give permission for the staff of Village Park Animal Hospital to walk my pet in the Francis Hack Park during the duration of their stay at The Bed and Bisquit. I understand that my pet will be walked off the premises of Village Park Animal Hospital, but will be, at all times, on leash and under control with one of the trained staff members. Village Park Animal Hospital will take every precaution to ensure the safety and security of your pet during their park walk. I, the undersigned client, understand this policy and will not hold Village Park Animal Hospital or any one of the staff members liable for any uncalculated circumstances that may arise such as, but not limited to, my pet escaping off leash, dealing with loose dogs in the park, etc.

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Check In Person: \_\_\_\_\_

## Bed and Bisquit Release Form

Your pets stay will be charged per day. If you pick up before 12 noon you will be charged for **half days** boarding. If your pet is picked up after 12 noon a **full days** boarding charge will apply. The reason we charge on the day your pet is released is because your pet has had personal attention from a loving staff member, has been walked, fed, and their cages cleaned.

**EMERGENCY CONTACT:** \_\_\_\_\_

Phone: \_\_\_\_\_

In the event of an Emergency, please initial one of the following:

I would like to be contacted before any treatment \_\_\_\_\_

Proceed with lifesaving treatment, regardless of cost \_\_\_\_\_

Pet Abandonment: I understand that if I do not pick up my pet within 14 days of the original expected pick up date and have not extended the stay, I will give up my rights of ownership of said pet to Village Park Animal Hospital.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Check In Person: \_\_\_\_\_