



SPECIAL NEEDS & GERIATRIC CANINE BOARDING CHECK-IN

Owner(s) Name _____ Phone Number(s) _____

Pet(s) Name _____ Check-In Date _____ Check-Out Date _____

Accommodations

Geriatric and Special Needs dogs must board in our Special Needs area , at a nightly boarding cost of:

€	Level One	\$39/day
	Minimal/no medical issues	\$13.75/add'l dog in same run
	Up to 2 oral medications	
€	Level Two	\$42/day
	Moderate Medical Issues	\$17/add'l dog in same run
	Requires frequent treatments (i.e. bandage changes, hand feeding, etc.)	
	3-5 oral medications	
€	Level Three	\$45.25/day
	Advanced Medical Issues/Diabetic Boarding	\$20/add'l dog in same run
	Requires frequent treatments (i.e. bandage changes, hand feeding, etc.)	
	>5 Medications	

*Additional dogs boarding in the same kennel may be approved on a case-by-case basis

Additional Amenities

€	Treat Time	
	Kong toy filled with your choice of: <input type="checkbox"/> Canned Food <input type="checkbox"/> Peanut Butter	\$1/day
€	Yard Time	\$3.25/day
	15-20 minutes of time in the yard	
€	Extra TLC	\$3.25/day
	1 on 1 time with an attendant	

Feeding Instructions

What kind? Own Food **Brand:** _____ Our Food (sensitive stomach dry or canned)

When? AM Noon PM

Amount to feed: _____

Medication Instructions

Medication #1: _____ Dosage: _____ AM Noon PM

Medication #2: _____ Dosage: _____ AM Noon PM

Medication #3: _____ Dosage: _____ AM Noon PM

PLEASE COMPLETE AND SIGN REVERSE SIDE

Come-Play-Stay! at South Mesa -- 3801 S. Mason St., Ft. Collins, CO 80525 -- P: 970-226-6526 F: 970-226-2625

Kennel Tech _____

Please list any Allergies, Health or Medical Concerns/Special Procedures or Instructions: _____

Regular Veterinarian: _____

We require that all Special Needs boarders have an emergency contact that will be available during their stay. We will keep your pet's best interest in mind and if we feel they are not doing well in the boarding environment, your contact person will be notified to help to provide an alternative for your pet's care. If you do not have a emergency contact person who can play this role, we may have to transfer your pet to hospitalized boarding in order to provide them with the best care. All fees associated will be the responsibility of the owner of the pet.

Emergency contact name: _____ **Phone number:** _____

Release: (Please read and sign)

Reasonable precautions will be taken against communicable disease, illness, injury, escape, or death of this pet. South Mesa Veterinary Hospital/Come-Play-Stay and staff will not be held liable for problems that might develop provided reasonable care and precautions are followed. I agree that any medical problem that develops with my pet will be treated as necessary in accordance with routine procedures and I assume full financial responsibility for all such treatments. A South Mesa Veterinarian will make every attempt to contact me in the event that my pet needs medical attention. As required by the Colorado Department of Agriculture, PACFA Regulations, Description 16.00 G. 3., in the event of death, the facility will provide interim body care (cold storage at South Mesa Veterinary Hospital) until the owner is reached and final plans are made. I assume full financial responsibility for all medical treatment my pet needs, even if I cannot be contacted. South Mesa Veterinary Hospital/Come-Play-Stay is not liable for the loss, damage or destruction of personal belongings.

By signing this release, I certify that my dog has been medically approved by South Mesa Veterinary Hospital/Come-Play-Stay! to board in Special Needs. I am aware that, once in Special Needs boarding, dogs that are not eating, or otherwise doing poorly, will be hospitalized at the my expense.

I understand that **I will be charged** for a full day of boarding on the day of drop-off and pick-up, unless I pick my pet up before 11:00 am Monday-Saturday, and I will always be charged for a full day of boarding on Sunday. I agree to pay in full with cash or credit card (we do not accept checks) at the time of pick up.

Signed: _____ Date: _____

If you desire a limit on treatment, please state here: _____

Release for pets less than six (6) months of age: I understand that, due to the young age of my pet, it may be more susceptible to disease as its immune system has not been completely developed.

Signed: _____ Date: _____