

Mt. Nittany Veterinary Hospital Boarding
814-237-4272
Mon-Thur 7:30am-7pm / Fri 7:30am-6pm / Sat 8am-Noon

Owner: _____

Pet's Name(s): _____

Date of Arrival: _____

Date of Departure: _____

Owner's Phone Number: _____

Emergency Contact **INCLUDING** Phone Number _____

Pet's Veterinarian: _____

Medical Condition(s): _____

VACCINATION REQUIREMENTS:

CATS: Rabies vaccination and Feline Panleukopenia/Rhinotracheitis/Calicivirus (FVRCP) must be current.

DOGS: Must have had a Bordetella (Kennel Cough) vaccine **WITHIN THE LAST 6 MONTHS.**

Rabies vaccination and Distemper/Parvo (DHP-CPV) vaccination must be current.

All dogs must have a fecal exam and treatment, if needed, within 30 days of reservation if they are not on a heartworm preventative.

BOARDING CHARGES (PER NIGHT):

If picked up AFTER 12:00 noon you will be charged for that day.

Cats: \$19.00

Dogs under 40lbs: \$20.00

Dogs 40-80lbs: \$24.00

Dogs over 80lbs: \$28.00

Optional Services:

____ Nail Trim: \$22.00

____ Medication Administration: \$10.00/day ***(even if the medication is placed in your pet's food)***

****Name of Medication(s) and Dosage(s):** _____

****** If you have made a reservation for your pet to board and you no longer need the reservation please call to cancel. If you do not call to cancel the reservation a "No Show" fee will be charged equal to 1 (one) day of boarding for your pets size.***

****Any required medical care will be charged as standard Mt. Nittany Veterinary Hospital fees. Mt. Nittany Veterinary Hospital will make every attempt to contact you or your Emergency Contact prior to any care being provided for your pet in an emergency situation.**

RELEASE FORM: PLEASE READ CAREFULLY

In case of illness or emergency, I hereby consent and authorize Mt. Nittany Veterinary Hospital to receive, prescribe for, treat, or operate upon my pet(s). Mt. Nittany Veterinary Hospital is to use all reasonable precautions against injury, escape, or destruction of the animal(s), but they will not be held liable or responsible in any manner whatsoever in the event of accident or circumstances beyond the Hospital's control. If I am unable to claim my pet(s) on the date originally planned, I will notify Mt. Nittany Veterinary Hospital. It is understood that in the event of abandonment, you will proceed with stipulations defined in the Abandonment Animal Act of Pennsylvania, and Hospital's so doing does not relieve me from paying all costs incurred. **MT. NITTANY VETERINARY HOSPITAL WILL NOT BE RESPONSIBLE FOR LOST ITEMS.** I have read the foregoing and agree.

Owner's Signature: _____

Date: _____