

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

Owner: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Date of Departure: \_\_\_\_\_

Emergency Contact including PHONE NUMBER: \_\_\_\_\_  
\_\_\_\_\_

Pet's Veterinarian: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

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**VACCINATION REQUIREMENTS:**

**CATS:**

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

**DOGS:**

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) if they are not on a heartworm preventative.

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**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:**

\_\_\_\_ Medication Administration: \$10.00/day

\_\_\_\_ Nail Trim: \$19.40

\_\_\_\_ Extra Walk (Dogs): \$8.00/day

\*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: \_\_\_\_\_