

**The Scottsdale Veterinary Clinic  
Boarding Information Sheet**

**Client Information:**

Client Name: \_\_\_\_\_ Folder Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Patient Information:**

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**Boarding arrival date: \_\_\_\_\_ Boarding exit date: \_\_\_\_\_**

**Medical Boarding \$220.00 per 24 hours.**

**ISOLATION Medical Boarding \$305.00 per 24 hours. (required for contagious diseases diagnosed by a veterinarian.)**

**Additional Services requested during your pet's stay:**

(Please check any services you want performed)

- |  |  |
|--|--|
| <input type="checkbox"/> Nail Trim - \$15.00<br><input type="checkbox"/> Anal Gland Expression - \$34.22<br><input type="checkbox"/> Dental Cleaning - \$420 (by appt. only, extractions additional) | <input type="checkbox"/> Exam - \$82.00 / Exotic - \$98.00<br><input type="checkbox"/> Vaccines - \$34.00 each (plus \$82 exam)<br>○ DAPV    Bordetella    Canine Rabies<br>○ FVR-CP    Leukemia    Feline Rabies<br><input type="checkbox"/> Heartworm Test - \$81.02<br><input type="checkbox"/> FELV/FIV/HWT Test - \$83.12 |
|--|--|

**Please List Medications and Instructions:**

Medication: \_\_\_\_\_ Strength: \_\_\_\_\_  
Instruction: \_\_\_\_\_  
When is next dose due? \_\_\_\_\_

Medication: \_\_\_\_\_ Strength: \_\_\_\_\_  
Instruction: \_\_\_\_\_  
When is next dose due? \_\_\_\_\_

Medication: \_\_\_\_\_ Strength: \_\_\_\_\_  
Instruction: \_\_\_\_\_  
When is next dose due? \_\_\_\_\_

**Are there any special instructions our staff should be aware of when medicating? Any special dietary needs?:**

\_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Who is your regular Veterinarian/Hospital?** \_\_\_\_\_

**If medical problems arise, may we contact them?**  Yes  No

**Is it okay to release your pet to their care?** (Owner is responsible for transportation)  Yes  No

**Do we have permission to provide regular care of your pet(s), should the need arise, at regular office fees?**  Yes  No

**Maximum amount allowed without further authorization:**  \$100  \$250  \$500  \$1000  Unlimited  Zero, Call First (If not, we reserve the right to treat life-threatening situations)

**Have you authorized anyone else to pick up your pet(s)?**  Yes  No

If yes, please name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Drop Off and Pick Up times are between 7:00AM-7:00PM.**

**Owner Initials:** \_\_\_\_\_

**THE SCOTTSDALE VETERINARY CLINIC  
BOARDING AGREEMENT**

Rev. 7-21-2022

*Our goal at The Scottsdale Veterinary Clinic is to provide a safe, comfortable boarding environment for your pet while you are away.  
Toward that goal, the following rules have been implemented to ensure the health and safety of your pet.*

**1. CHECK IN/OUT TIME:** Boarding drop-offs and pick-ups are done from 7:00 a.m. to 7:00 p.m. Holiday hours will be posted and/or confirmed by phone. *PLEASE BE ADVISED THAT TRAINED PERSONNEL ARE NOT ON THE PREMISES 24 HOURS A DAY. NO DROP-OFFS OR PICK-UPS BETWEEN 7PM TO 7AM. DUE TO LIMITED OVERNIGHT STAFF, EXTENDED HOURS ARE RESERVED FOR PET MEDICAL EMERGENCIES.*

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

**2. VACCINATIONS:** Proof of current vaccinations is required on or before the time of boarding drop-off for all animals. This proof must be in writing from the licensed veterinarian who administered the vaccinations. Home or breeder administrated vaccinations will not be accepted. Canine vaccinations required are **DHP-PV, Rabies, and Bordetella.** *We also highly recommend vaccinating Canines for H3N2 & H3N8 Influenza as well as Leptospirosis.* Feline vaccinations required are **Rabies and FVR-CP** for cats boarding in the hospital area. It is the Owner's responsibility to provide this proof at the time of boarding. If it is not provided at the time of boarding and cannot be verified for any reason, vaccinations will be administered here and the Owner will be responsible for any charges to vaccinate their pet(s) including exam fees and vaccination charges, in addition to regular boarding charges.

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

**3. SPECIAL FEES:** If you are boarding your pets together and there are problems such as fighting or an unaltered female going into heat, if necessary, we may separate them at an additional charge to the Owner.

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

**4. LIABILITY:** Owners may leave personal items such as blankets, toys, bedding, etc., for your pets. Please understand that we will make every effort to keep track of these items while your pet is boarding but we are not responsible for these items if lost or damaged. If you can't bear to lose it or it is not replaceable, we ask that you please leave it at home.

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

**5. MEDICAL ATTENTION:** In the event your pet becomes ill or injured during their stay, we will do our best to contact you at the numbers you leave for us. If we cannot reach you, The Scottsdale Veterinary Clinic will perform any medical care necessary under the circumstances at regular office/hospital fees. We hope this never becomes necessary, but we feel strongly that we must do what is best for your pet while in our care.

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

**6. FEEDING OPTIONS:** We urge you to provide your pet's own food during medical boarding visits, so that they can feel as comfortable as possible. If food is not provided, the food we can provide with the nightly boarding price is dry Canine Purina EN Gastroenteric, or dry Feline Royal Canin Weight Control.

**Initial:** \_\_\_\_\_  
(Circle one) **Y** **N**

*I am the owner or legal authorized agent for the above-named animal(s). I agree to the policies set forth by The Scottsdale Veterinary Clinic, and do hereby agree to pay any and all charges prior to the discharge of the aforementioned pets.*

\_\_\_\_\_  
Signature of owner/Authorized agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Staff Check-In Initials**

# All About My Stay!



Odyssey

My weight was \_\_\_\_\_



<b>Eating and Drinking</b>	Eager for a meal at home	There were some leftovers	Gobbled it all down
<b>Sleeping Comfortably</b>	A little bit restless	Rested	Lights out. Sweet Dreams
<b>Social Ability</b>	Not feeling sociable	Getting used to new friends	Party animal
<b>Potty Time</b>	Make sure things are back to normal at home	Took some coaxing	Took care of business
<b>Activity Level</b>	Quiet	Normal and Happy	Energetic



**I made many new friends both 2 and 4 legged during my visit! I will be very happy to go home, but I fully enjoyed my stay and will recommend this hotel to all my 4 legged friends!**



TSVCpets.com

My friend(s) who took care of me were: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

*Odyssey might have some loose stool when they get home related to the change in the environment and the excitement of you coming home. In order to try and avoid this you should feed a bland diet of 1/2 rice mixed in with 1/2 of their regular food. It is not recommended to give too many treats for the next couple of days at home. If the loose stools are not resolving in 2-3 days, please call us for additional instructions.*

The Scottsdale Veterinary Clinic ▪ 480-945-8484

*This page is for  
staff use only*

**Place Patient  
Label Here**

Date in: \_\_\_\_\_ Date Out: \_\_\_\_\_

Box #:

Luggage:

Diet:

Weight:  
In \_\_\_\_\_  
Out \_\_\_\_\_

NexGard  
Date Given:

On Medications: Yes No

Date:								
Stool								
Urine								
Am Food								
PM Food								
Treats Given								
Attitude								
Send Picture - - -								

Medications And Dosage	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	Initials:	Initials:	Initials:	Initials:	Initials:	Initials:	Initials:	Initials:

Comments (Please date any notes):

Stool: 1-Normal 2-No 3-Loose 4-Blood  
Urine: 1-Yes 2-No 3-Abnormal (See comments)

Attitude: 1-Excellent 2-Caution 3-Will Bite  
Fed: 1-Ate 2-Some 3-None

Vet Services Needed: Vaccinations:  Exam:  Other: \_\_\_\_\_ Written On Board Initials: \_\_\_\_\_  
Grooming Services Needed: Boarding Bath:  Groomer: \_\_\_\_\_ Date Scheduled: \_\_\_\_\_  
Prof. Grooming:  Groomer: \_\_\_\_\_ Date Scheduled: \_\_\_\_\_  
In schedule in Avimark Initials:

Staff Check-in Initials: \_\_\_\_\_

Boarding info on File:

Staff Check-out Initials: \_\_\_\_\_