



# Winter Park Veterinary Hospital

50 YEARS A Compassionate Commitment to Quality Pet Care

## AUTHORIZATION - BOARDING - FIRST PET

Client ID : _____	Patient ID : _____	<b>Vaccinations Due</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Client Name : _____	Pet Name : _____	
Spouse : _____	Species : _____	
Address : _____	Breed : _____	
_____	Color : _____	
City / ST / Zip: _____	Sex / Altered : Neutered / Spayed	
Home Phone : _____	Birth Date : _____	
Work Phone : _____	Weight : _____	
Cell Phone : _____	Emergency # : _____	
Agent : _____	It is essential that you are available at the above phone number in the event that we need to contact you.	

Health Alerts : \_\_\_\_\_ Allergies : \_\_\_\_\_ Behavioral : \_\_\_\_\_

Special Diet Brought Food : YES NO Pre Packaged : YES NO Feed how much? \_\_\_\_\_ cup(s) SID BID TID

Pet Belongings \_\_\_\_\_

Arrival / Departure Arrival Date : \_\_\_\_\_ Departure Day : \_\_\_\_\_ Departure Date : \_\_\_\_\_ Departure Time : AM PM

### Room Packages & Rates

**\*\*All Boarding Charges Are Per Pet\*\***

Rooms	Choice		Platinum		Bath YES // NO	Ask for cost for medicated baths & other medical related grooming.
Packages	Ambassador	Presidential	Ambassador	Presidential		
Canine < 30#	\$22 / \$25	\$28 / \$31	\$30 / \$33	\$36 / \$39	\$28	Pedicure cost varies.
Canine >30#	\$24 / \$27	\$30 / \$33	\$32 / \$35	\$38 / \$41	\$32	
Feline	\$18 / \$21		\$20 / \$23		\$24	
Exotics	Price varies depending upon species & size.				*Bath includes ear cleaning & pedicure.	Special care / feeding / handling
Medication	\$4.00 per day. Diabetic Boarders: Insulin administration - \$13.50 (owner supplied) or \$22.50 (WPVH supplied) per injection.					
Teeth Brushing	\$8.00/day	How often?	_____ day(s).		Bath is complimentary for dogs with 7 days of paid boarding.	\$34 per day
Capstar	\$6.00 one time charge. Administered at check-in for flea control.					

Veterinary Services Annual Exam Exam Dental Surgery Other

If you would like an estimate of these charges, please request this from the Client Service Representative.

### Current Medications

Type : _____	Directions : _____	Last given : _____	Next Dose Due : _____
Type : _____	Directions : _____	Last given : _____	Next Dose Due : _____
Type : _____	Directions : _____	Last given : _____	Next Dose Due : _____
Type : _____	Directions : _____	Last given : _____	Next Dose Due : _____

### Special Instructions

The Authorization & Consent for Services must be completed and signed on the reverse side of this form.

CSR : \_\_\_\_\_ Tech : \_\_\_\_\_



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## Important Information

1. For their protection, all guests staying with us will be:
  - A. Given a complimentary screening upon check-in.
  - B. Given a Capstar at check-in to prevent external parasites at the owners expense.
  - C. Given any vaccinations that are required by us that they're not current on at the owner's expense.
2. Serious health problems and emergencies will be treated immediately by our staff at the owner's expense. Every effort will be made to contact you at the number given before beginning treatment.
3. Guests bathed are picked up after 3:00 P.M.
4. Guests picked up after 12:00 Noon are charged an additional day of boarding unless day care has been arranged or a bath is scheduled.
5. I understand there are additional charges for Veterinary Services.

Initials \_\_\_\_\_

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## Walk & Playtime Release

I authorize the staff of Winter Park Veterinary Hospital (WPVH) to walk/have playtime with the guest(s) named on the reverse side as well as on the Additional Guest Boarding Authorization form and absolve the WPVH and staff of any liability for injury and loss of the guest(s) or injury to others.

Initials \_\_\_\_\_

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## Authorization - Treatment & Services

I, the undersigned owner or authorized agent of the guest(s) named on the reverse side as well as the guests named on the Additional Guest Boarding Authorization form, authorize and give consent to Winter Park Veterinary Hospital [WPVH], its doctors and staff to provide boarding services and/or bathing and any other services requested on the reverse side as well as on the Additional Guest Boarding Authorization form to the guest(s). I understand that there are inherent risks involving these services and that WPVH, its doctors and staff, will use all reasonable precautions against injury, escape, and/or demise of the guest(s).

Should unforeseen events require treatment beyond what has been discussed with me and I cannot be reached, I authorize WPVH, its doctors and staff to perform, and I agree to pay for, such medical and surgical treatment as is necessary to preserve the life of the guest(s) until I can be contacted for further authorization.

I hereby release WPVH, its doctors and staff from any and all claims, except claims for negligence, arising out of or connected with the performance of the boarding, walks, play time, bathing, treatment and /or surgical services. I understand that anesthesia may be given, that it carries risks, and in extremely rare instances, death may result.

I accept full financial responsibility for the services rendered to the guest(s) as well as other costs related to the guest(s). I understand that payment in full is due upon release of the guest(s) from the hospital or when service is otherwise terminated. If charges are not paid within 5 days after written or oral notification has been made to me that the guest(s) is/are ready to be released from the hospital, I relinquish the guest(s) and WPVH is authorized to humanely dispose of the guest(s) unless I, the owner, or an authorized agent of mine, calls for the guest(s) & pays all accrued fees.

Should it be necessary to collect this account through a collection agency or an attorney the undersigned agrees to pay all costs of collection, which could double the bill, in addition to a reasonable attorney's fee, even if court or legal action is not taken.

I acknowledge that no assurance or guarantee has been made of the results of the boarding, walks, play time, bathing, medical and/or surgical services.

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Owner or Authorized Agent Signature

Date



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## PATIENT TRAVEL SHEET

Client # : \_\_\_\_\_ Pet # : \_\_\_\_\_ Presented For : \_\_\_\_\_  
 Last Name : \_\_\_\_\_  
 First Name : \_\_\_\_\_ Additional Services : \_\_\_\_\_  
 Pet Name : \_\_\_\_\_  
 Species : \_\_\_\_\_ Discharge Appt : \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Breed : \_\_\_\_\_ Behavior / Medical Alerts: \_\_\_\_\_  
 Sex : \_\_\_\_\_  
 Age : \_\_\_\_\_

### Patient Belongings

	Treatment Area						Kennel
	Carrier Storage	Cage	Large Bins	Small Bins	Fridge	Lock Box	Bin

### Meds To Go Home


### Client Communications

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Discharge Information

To See Owner: Dr. \_\_\_\_\_ Tech \_\_\_\_\_ Recall: D T R \_\_\_\_\_  
 To Give Owner: Progress Exam: \_\_\_\_\_  
 Discharge Instructions \_\_\_\_\_ Labwork Pending: In-House Referral  
 HCP / Estimate \_\_\_\_\_  
 Handouts \_\_\_\_\_  **UPDATE PATIENT SUMMARY SHEET** \_\_\_\_\_