



Winter Park Veterinary Hospital

50 YEARS A Compassionate Commitment to Quality Pet Care

AUTHORIZATION - BOARDING - ADDITIONAL PET

Client ID : _____	Patient ID : _____	Vaccinations Last Given
Client Name : _____	Pet Name : _____	
Spouse : _____	Species : _____	
Address : _____	Breed : _____	
_____	Color : _____	
City / ST / Zip: _____	Male / Female 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	Special care / feeding / handling
Exotics	Price varies depending upon species & size.				*Bath includes ear cleaning & pedicure.	
Medication	\$4.00 per day. Diabetic Boarders: Insulin administration - \$13.50 (owner supplied) or \$22.50 (WPVH supplied) per injection.				Bath is complimentary for dogs with 7 days of paid boarding.	\$34 per day
Teeth Brushing	\$8.00/day	How often?	_____ day(s).			
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 First Guest Boarding Authorization form.
 CSR : _____ Tech : _____



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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** _____