



4422 County Road N  
Orland, CA 95963  
United States  
(530) 865-5634

## **PATIENT BOARDING DROP-OFF INFORMATION**

**CLIENT:**

**PATIENT:**

**HISTORY:**

Core Vaccines:  
Expired Reminders:  
Microchip:

**I understand that in order to board, my pet must be current on all vaccines required by Mid-Valley Veterinary Hospital's boarding policy, and I authorize the administration of any past-due or missing vaccines during my pet's stay.**

Are there any known problems that require us to address them while your pet is staying with us? If YES:

\_\_\_\_\_

**I authorize an examination by a doctor if there is a known problem and my pet has not had an exam within the last year for this problem.**

My pet has a special diet/its own food: \_\_\_\_\_ feeding instructions: \_\_\_\_\_

Is your pet eating normally? If NO, DESCRIBE: \_\_\_\_\_

Drinking normally     Drinking less than normal     Drinking excessive quantities

Is your pet vomiting?

Does your pet have diarrhea?

I authorize the staff at Mid-Valley Veterinary Hospital to change my pet's diet should it start vomiting, have diarrhea or refuse to eat during its stay.

Is your pet currently on any medications? If YES: MEDICATION : \_\_\_\_\_ LAST GIVEN:  
\_\_\_\_\_

Some animals exhibit anxiety while staying away from home. If they exhibit extreme anxiety to the point of not eating or destructive behavior, do we have permission to sedate?  YES  NO

I understand that I will be charged a higher boarding rate if medications or a special diet has to be given during the stay.

**In the event of a life-threatening condition, we will stabilize your pet and call you as soon as possible. Please make certain you leave a phone number where you can be reached.**

### **CPR/DNR**

In the event that Meeting should experience cardiac or respiratory arrest while boarding, do you give consent for resuscitative efforts to be initiated until you can be contacted further and notified of Meeting's status?

By consenting to this service, you are also acknowledging that certain charges will apply. If you are not able to be contacted immediately, resuscitation efforts will be continued to be performed at the doctor's discretion.

I agree to CPR being performed in case of arrest and agree to any financial obligations as a result of CPR being performed regardless of outcome.

I elect a "Do Not Resuscitate" status in case of arrest.

### **Owner Release and Consent**

MVVH Orland, Inc., doing business as Mid-Valley Veterinary Hospital, will use all reasonable precautions against injury, escape, or death of your pet. In the event complications arise and I cannot be immediately contacted at the below-listed phone number, Mid-Valley Veterinary Hospital is directed to make the decision(s) it deems best for my pet. I have read the foregoing, understand what it says, and agree

**Payment for services rendered is due at time of discharge. MVVH Orland, INC. d.b.a. Mid-Valley Veterinary Hospital.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(owner/agent)

PHONE NUMBER(S) WHERE YOU CAN BE REACHED THROUGHOUT YOUR ABSENCE: