



***** Please note this form does not guarantee a boarding reservation*****

Call 512-331-8555 to make a reservation. Print and bring this with you.

Name _____

Are you an existing client? Yes No

What dates are you needing to board your pet? _____

Please note we are closed on from noon on Saturdays until 7 am on Mondays.

Which pet will be staying with us? _____ Please use a separate form for each pet.

Pets that share may be separated to eat as needed

If we have questions or concerns about your pets, or there is a medical emergency, what phone number(s) can we reach you?

1st _____ Name of contact _____

2nd _____ Name of contact _____

3rd _____ Name of contact _____

If that number(s) is not you, who has permission to make decisions for your pet?

Feeding instructions: You are welcome to bring in your pets' favorite diet. We do provide our patients with Royal Canin GILF which is a low fat, bland diet to help prevent stomach upset during their stay.

Are you bringing your pet's own food? Yes No If yes, what brand of food do you feed?

How much does your pet get fed? (please describe in 8oz cups)

Once a day am or pm

Twice a day

Three times a day



Additional Services

Would you like any of the following services for your pet during his/her/their stay?

Enrichment from Enlightened Hounds such as walks, training, cuddle time for cats. A client care staff member will go over in detail what you would like when you arrive. Yes No

<https://www.enlightenedhounds.com/>

Spa services – (Note: all grooming and kennel baths come with complimentary nail trims and ear cleaning). If yes, please choose from the following:

Grooming with DeeAnn	Date _____
Kennel Bath	Yes No
Nail trim with no bath or grooming service	Yes No

Note: Bathed or groomed pets are usually ready to go home after 2pm, however we recommend calling Cypress Creek Pet Care prior to picking them up.

We strive to keep our hospital **flea free**. With that in mind, we require monthly flea preventatives.

What is your pet on and when was it last given? Please circle one:

Dogs: Trifexis Nexgard Comfortis Bravecto Simparica Frontline Advantage

other _____ Date given/applied _____

Cats: Comfortis Advantage Frontline Revolution other _____

Date given/applied _____

If you pet is not on a product or we find fleas, we will give a dose of Capstar when he/she/they arrive and when they leave. The cost is \$12.

Please initial _____

We also strive to keep our kenneled guests free of **intestinal parasites**. If any are found, please be aware that we must provide necessary treatments at the owner's expense.

Please initial _____

Our doctors recommend **annual bloodwork** depending on the age of your pet. Our client care staff would like to discuss your options and why it's important. May we discuss this with you? Yes No



Cypress Creek Pet Care requires the following **vaccinations** depending on your pet's age and health status:

Dogs: DHPP, Kennel Cough (Bordetella), and Rabies.

Cats: FVRCP (Upper respiratory complex) and Rabies.

Please be aware that the vaccines will be given if your pet is not up to date or records cannot be obtained.

Please initial _____

Our doctors recommend yearly heartworm testing for all dogs and yearly screenings for intestinal parasites for dogs AND cats. May we do this while your pet is staying with us?

Dogs only: Heartworm testing Yes No

Dogs and Cats: Intestinal parasite screening Yes No

Are there any medications that we need to administer when your pet is here? (Please list them, and bring them in their original containers.

Medication _____ How often _____ When to give next? _____

Medication _____ How often _____ When to give next? _____

Medication _____ How often _____ When to give next? _____

Medication _____ How often _____ When to give next? _____

I understand that if my pet needs medication while boarding, I am responsible for the following charges: \$2.00 per medication per times given per day. (Maximum of \$5.00 per administration time. For example, twice daily would be \$10.00 maximum)

Please initial _____



Medical issues or emergencies:

In the event of a health concern and/or emergency, the staff of Cypress Creek Pet Care will make every effort to get in touch with you or your designated emergency contact prior to any procedure(s) being performed; however, treatment for a life-threatening emergency will not be withheld if contact is not able to be reached. I understand that I will be responsible for any charges incurred (please initial)

Please initial _____

For non-emergency medical treatments, in the event you cannot be reached (please initial one of the following):

Please call my emergency contact before any treatment is rendered Please initial _____

OR

The doctors may use his/her best judgement in the treatment of my pet . Please initial _____

Additional comments or instructions? _____

Thank you for entrusting Cypress Creek Pet Care with your pet's care!

Internal use:

CCR (email) _____ CCR admit _____ Tech _____ ACT _____

Vaccines up to date? YES NO DHPP K/C Rabies FVRCP Leukemia other _____

Services requested (other than above) _____

Bloodwork? Adult or Senior _____

Treatment plan given to owner? Yes No (Initials be legible!) _____