



Hill Country  
Veterinary Hospital

1409 W. Whitestone Blvd.  
Cedar Park, Texas 78613

# Canine Boarding Reservation Form

Please fill out entire form and indicate if n/a

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Pick up time (2 hour window): \_\_\_\_\_

Client: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Emergency Contact Name/Phone: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Color: \_\_\_\_\_

Known Allergies? \_\_\_\_\_

**FEEDING INFORMATION (choose one) :**

Own Food

In-House Kibble (*Purina EN*)

Morning Amount: \_\_\_\_\_ cups

Evening Amount: \_\_\_\_\_ cups

Other Instructions: \_\_\_\_\_

When did your pet eat last? \_\_\_\_\_

If your pet is not eating, may we mix in some low fat wet food?  YES  NO

**MEDICAL INFORMATION:**

Has your pet had any of the following in the last 30 days? *Circle all that apply*  YES  NO

Coughing / Sneezing / Vomiting / Diarrhea / Rash / Ear Issues / Eye Issues

Is your pet currently taking any medications?  YES  NO

*\*if yes, please complete medication addendum*

**Would you like any treatments done while your pet is here?**

\_\_\_\_\_

**ADDITIONAL SERVICES:**

- Playcare Package – 30 min play session  M  T  W  TH  F  S  S \$14/session
- Bath/Nail Trim - Shampoo/blow dry and complimentary mani/pedi \$31/\$41/\$61

I understand that if any problems develop with my pet while I am absent HCVC staff will attempt to communicate that to me & my pet will be treated as deemed best by the veterinarian. I assume full responsibility for any cost. I agree to allow use of my pet's name and any images, including photos or videos of my pet taken while at HCVC to be used at any time on any social media/materials associated with the hospital. Instagram: @hillcountrylodge  
Facebook: Hill Country Veterinary Hospital.

**All pets will be given Capstar flea prevention upon arrival to ensure a flea-free environment.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_