SENIOR DOG BOARDING & MEDICAL RELEASE FORM

This specialized form is required for all canine guests aged 7 years and older to ensure optimal comfort, medical care, and safety during their stay.

IMPORTANT INFORMATION ABOUT SENIOR GUESTS

Senior dogs (age 7+) often have underlying conditions that may be stable and well-managed at home. These conditions frequently rely on familiar routines, environments, and the comfort of known people and places to remain stable. While we work hard to keep feeding schedules, exercise patterns, and daily rhythms as consistent as possible, a boarding facility is still a different environment. Changes in surroundings, sounds, smells, and companions can create stress. Stress and environmental change can unsettle a previously stable balance and may lead to changes in appetite, behavior, mobility, or the appearance of previously quiet medical issues. By completing this form, you help us provide the most informed and compassionate care possible for your senior dog.

1. OWNER & PET PROFILE

Owner Name: _____ **Primary Phone:** _____

Pet Name: _____ **Breed / Weight:** _____

Pet Age: _____ years **Sex:** [ ] Male [ ] Female **Altered:** [ ] Yes [ ] No

Emergency Contact Name & Phone: _____

2. VETERINARY INFORMATION

Primary Vet Clinic: _____ **Vet Phone:** _____

Preferred Emergency Vet Clinic: _____ **Phone:** _____

3. SENIOR MEDICAL HISTORY & MOBILITY

Check all existing conditions that apply to your pet:

[ ] Arthritis / Joint Pain

[ ] Heart Disease / Murmur

[ ] Kidney / Liver Disease

[ ] Diabetes

[ ] Blindness / Deafness

[ ] Dementia / Cognitive Decline

[ ] Urinary Incontinence

[ ] History of Seizures

[ ] Tumors / Lumps (Monitored)

[ ] Other: _____

Mobility Level:

[ ] Fully Mobile [ ] Slow / Stiff [ ] Needs Assistance (Ramp / Sling) [ ] Paralyzed

Feeding Notes

Senior dogs often experience appetite changes. If your dog refuses their normal food, may we mix in an appetite enhancer? (e.g., bone broth, wet topper)

[ ] Yes, preferred topper: _____ [ ] No, contact me first

Any other health or mobility notes we should know:

_____

4. EMERGENCY & LIFE-EXTENDING CARE AUTHORIZATIONS

These decisions help us act quickly and in alignment with your values if a crisis occurs.

A. Cardiopulmonary Resuscitation (CPR)

If my dog's heart stops or they stop breathing, I authorize staff and/or a veterinarian to attempt CPR / resuscitation:

[ ] YES — Please attempt CPR and life-saving measures [ ] NO — Do not attempt CPR; provide comfort care only

B. Emergency Transfer

I authorize transfer of my dog to an emergency veterinary facility if staff or a veterinarian determine it is necessary:

[ ] YES — Transfer is authorized [ ] NO — Do not transfer; keep my dog on-site and provide comfort measures

Preferred emergency facility (if any): _____

C. Life-Extending / Intensive Care Limits

In the event of a serious medical event, I authorize the following level of care:

[ ] Full measures — Pursue all reasonable diagnostic and treatment options

[ ] Limited measures — Diagnostics and treatment up to a financial limit of $ _____

[ ] Comfort care only — Focus on pain relief, dignity, and quality of remaining life; no aggressive intervention

Additional instructions or limits: _____

5. NOTIFICATION PREFERENCES WHILE YOU ARE AWAY

If a medical concern, behavioral change, or other issue arises with your dog during the boarding stay:

[ ] Notify me immediately by phone / text / email for any significant concern

[ ] Notify me right away only for urgent or life-threatening situations; otherwise provide an update near the end of the stay or at pickup

[ ] Other preference: _____

Best number(s) / method to reach you while away: _____

6. IN THE EVENT OF YOUR DOG'S PASSING

If your dog were to pass away while in our care, please tell us your wishes for aftercare of the body. We will handle your companion with dignity and respect in accordance with your instructions.

[ ] Hold the body for my return / personal pickup
[ ] Arrange private (individual) cremation and return the ashes to me
[ ] Arrange communal / group cremation (ashes not returned)
[ ] Transfer the body to my veterinarian or a specified facility: _____
[ ] Contact a pet aftercare / funeral service of my choice: _____
[ ] Other instructions: _____

7. ACKNOWLEDGMENT & AUTHORIZATION

I have read and understand the information about senior dogs and the potential effects of environmental change and stress. I confirm that the information I have provided is accurate to the best of my knowledge. I authorize the boarding facility and its staff, in consultation with veterinary professionals as needed, to provide care consistent with the choices I have indicated above. I understand that despite best efforts, medical emergencies and unexpected outcomes can occur, especially with senior animals. Medications will be handled on a separate medication form or by documentation I provide.

Owner / Authorized Agent Signature: _____ **Date:** _____

Printed Name: _____

Facility use only: Staff initials _____ Date received _____ Reviewed by _____