


BOARDING CHECK-IN FORM

Your Last Name: _____

Emergency Phone#: _____

YOUR INITIALS HERE: _____, I have previously been informed of the boarding rules and regulations.

Pet's Name: _____ Dates: From _____ To _____ Pick Up Time: _____ AM/PM

ADDITIONAL NIGHT CHARGED IF PICKUP IS AFTER 12PM

CLIENT REMINDERS:

1. Anxious pets may be given **TRAZADONE**, by doctor, as a calming agent (**this drug is very safe and effective**).
2. \$ ADDITIONAL NIGHT CHARGED IF PICKUP IS AFTER 12PM. If requested, late checkout would be at 1PM*****
3. **DOGS REQUIRE:** Canine-Rabies, DA2PP, Bordetella/kennel Cough (6 months), negative fecal test (6 months)
4. **CATS REQUIRE:** Feline-Rabies, FVRCP, negative fecal test (6 months)
5. \$ There is an additional **per pet holiday boarding charge \$** for the following major holiday days: **New Years Eve, New Years Day, July 4th, Memorial Day, Labor Day, Thanksgiving Day, Christmas Eve, Christmas Day.**

CAT CONDOS	MEDIUM	LARGE	DOUBLE-MEDIUM	DOUBLE-LARGE
DOG CONDO CAGES	SMALL	MEDIUM	LARGE	LARGE
DOG LUXURY SUITES	MEDIUM	LARGE	EXTRA-LARGE	

KENNEL SHARING: NO / YES If yes, please list the other pet's name(s): _____

 FEEDING Frequency: How often? Once daily (AM) Once daily (PM) Twice daily Free Feed

FEEDING Quantity: How much? _____ (measured in 8oz cups)?

Did you bring your pet's food? NO / YES Has your pet eaten today (if Yes, what time)? _____

YOUR BELONGINGS: Please list any belongings you will be leaving with us (be descriptive):

	Leash/Collar	Bed/ Blanket	Carrier	Toy/Treat	Food/Container	Other
List and Describe all Items						

YOUR PET'S TEMPERAMENT: Anything we need to be aware of. For example: aggressive dog, fence jumper, will bite, etc.

MEDICAL CONDITIONS (Ongoing or Recent Issues):

Does your pet(s) have any medical condition(s) or current illness (cough, fleas, diarrhea, vomiting, sneezing)? NO / YES
If yes, please list: _____

MEDICATIONS: Please list all medications and directions: Administer: 1x Day: \$ ≥2x DAY: \$

- 1.) _____
- 2.) _____
- 3.) _____

REQUESTS/VETERINARY CARE: Will your pet see the veterinarian for medical reasons while boarding? Please state reason(s).

TENDER LOVING CARE EXTRAS: \$ Costs additional so please ask for pricing if needed

Bath	Groom	TLC Walks: Two Extra Walks (Total 5 Daily) DOGS: \$/Day	One-On-One Playtime (20 minutes) CATS: \$/Day DOGS: \$\$/Day	Frozen Kong with Peanut Butter \$	Purchase Treat/Toy \$	Laser Playtime with Cat

**Note: Groom (appointment only) **Authorized Alternate Pickup Person (Full Name): _____

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UNEXPECTED ILLNESS/ EMERGENCY TREATMENT AUTHORIZATION

All animals boarding or staying at the hospital **MUST** receive treatment in the case of illness or emergency.

Treatment for illness is to prevent further deterioration in health while treatment for emergency is to help stabilize the patient.

If my **pet becomes ill or an emergency arises**, I authorize the following maximum treatment expense only as needed at the doctor's discretion and I trust that the doctor will make the appropriate medical and ethical decision:

This amount is per pet. Please initial one:

MINIMUM	OR	OR
<u>DEFAULT</u> Under \$Minimum	\$Medium	\$Maximum more

****Every attempt will be made to contact you or any emergency contact that you specify before treatment.**

However, if we are unable to reach you (speak to you in person or only receive a voice recording), the health and well-being of your pet must be our first priority and treatment will be instituted at the doctor's discretion. **In severe cases, emergency patients may require ongoing care at a 24-hour or overnight emergency facility****

I have read the boarding requirements and understand the hospitals' policies. I accept full financial responsibility for treatment of my pet should the need arise.

CLIENT SIGNATURE: _____