

Boarding Check-In Form

Date _____ Time _____
Client Name _____ Pet Name(s) _____

1. Date of return to pick up pet: _____

2. Would you like a bath performed that morning? _____

Do you desire a month-long topical flea / tick killer to be applied? Yes No (Circle One)

Would you like to take an additional month-long product home? Yes No (Circle One)

3. MULTIPLE PETS - Would you like them housed together? Yes No (Circle One)

Would you like them fed together? Yes No (Circle One)

4. Would you like to arrange for walks outside of the hospital while your dog is boarding?

(Especially important during the house-training period, and for very active or for geriatric pets who stiffen up with inactivity).

Yes: _____ Once Daily (additional \$4.50/day)

Yes: _____ Twice Daily (additional \$9.00/day)

No: _____

5. Please list any special items left with your pet and instructions for use.

a. Leashes / Collars (Description): _____

b. Special Diets / Treats: _____

c. Medication: _____

An additional fee will be charged for administration of medications.

6. Is there anything in particular you would like the doctor to check or perform while you are away? (ex. Check ears, annual stool analysis, annual physical exam, teeth cleaning, de-worming, etc.) _____

7. Emergency contact numbers where you may be reached:

8. VACCINES: Proof of current vaccination or titer is required at time of drop-off.

Dogs: DHPP _____ Rabies _____ Bordetella _____ Parvo _____

Cats: FVRCP _____ Rabies _____

Signature: _____

Date: _____ / _____ / _____