

BOARDING Check-in Form

Date _____ Time _____

Client Name: _____

Pet Name(s) _____

1. Date of return to pick up pet: _____

Sunday Pickups ONLY from 8:30 - 9:00 AM and 5:30 – 6:00 PM.

(Advanced arrangements and payment must be made for Sunday pickups.)

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

(Pick up time is after 3PM if bath is performed)

3. MULTIPLE PETS – Would you like them housed together? Yes _____ no _____

Would you like them fed together? yes _____ no _____

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 \$4.75/day) No: _____

Yes: _____ twice daily (additional \$9.50/day)

Would you like your dog to have additional off leash play time in our outside enclosed play yard? Dogs are allowed play time by themselves with an attendant present at all times. Yes: _____ once daily (additional \$10.00/day) No: _____

Yes: _____ twice daily (additional \$20.00/day)

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 of \$10.00 per day 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: _____

If you cannot be reached, do we have authorization to treat your pet in the case of an emergency Yes: _____ No: _____

8. VACCINES: Proof of current vaccinations are required at time of drop-off.

Dog: DHPP/Parvo: _____ Rabies: _____ Bordetella: _____ **Fecal within 1 year** _____

Cat: FVRCP: _____ Rabies: _____

This hospital does not maintain a 24 hour staff. Messages left on our answering machine are not checked during hours when the hospital is closed.

Signature: _____