

# 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 \$8.00/day) No: \_\_\_\_\_

Yes: \_\_\_\_\_ twice daily (additional \$15.00/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: \_\_\_\_\_