

Boarder Check-In Form

Owner's Name: _____ Emergency Phone #: _____

Pet's name: _____ Pet will be boarding until _____ (date)

Who else is authorized to pick up your pet?

Name: _____ Phone #: _____

Did you bring any additional items for your pet? (Ex. Toys, leash, carrier, etc.)

Please list: _____

Medications

If your pet is on medication at this time, please list the type of medication and dosing instructions:

(Please note that there is a \$3/day administration fee)

1. _____
2. _____
3. _____
4. _____
5. _____

Diet

What is your pet's diet? _____

Feeding instructions (how much, how often, etc): _____

Flea Prevention

Is your pet on flea and/or tick prevention? *Yes / No*

If so, please list type and date of last treatment. (Ex. Advantage applied last Saturday):

****Any pet that has fleas or ticks when dropped off will be treated at the owner's expense****

Grooming

Would you like us to bathe your pet prior to pickup (nail trims and ear cleaning included)? (\$20-52): *Yes / No*

Other

Is there anything else or any other special instructions we need to know about your pet? (*Medical conditions, allergies, behavior, etc.*)

Please note that for your pet's protection, all animals must be current on all vaccinations, and we must have a hard copy of vaccine records on file before your pet can stay in our clinic.

Signature: _____

Date: _____