

**Sheeler Road Animal Hospital – Boarding Check-in Information**

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Board Together? Same Cage/Run: \_\_\_\_\_

Emergency Contact:  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Authorized person(s) to pick up your pet: \_\_\_\_\_

**Pets can only be picked up during normal business hours- NO EXCEPTIONS**

Pick up date: \_\_\_\_\_ a.m. p.m. Bath before pick up: Yes No

\*If mats are found during your pet's bath, do we have permission to clip those mats for an additional charge?  YES  NO

\*Would you like our groomer to evaluate your pet and call you with a grooming estimate?  YES  NO

FEEDING INSTRUCTIONS: \_\_\_\_\_

Dry  Can  Own Food  2x  1x  AM or PM

MEDICATIONS or SPECIAL INSTRUCTIONS: \_\_\_\_\_

**BELONGINGS:** \_\_\_\_\_

\*Does your pet suffer from anxiety due to thunderstorms or loud noises such as fireworks?  YES  NO

\*If yes, do you give permission to medicate your pet to aid with the condition while boarding?  YES  NO

**If your pet has fleas or ticks, your pet will be bathed and/or treated at your expense.**

**I understand the above conditions and also authorize any medical treatment required during boarding.**

\_\_\_\_\_  
Signed Date FOR OFFICE USE ONLY: \_\_\_\_\_

**\*\*\*\*For office use only – entrance and exit exam\*\*\*\***

<b><u>Pets Name</u></b>		<b><u>Check in</u></b>		<b><u>Check out</u></b>	
TC/DR	_____	TC/DR	_____	TC/DR	_____
Weight	_____	Nail Trim	_____	Weight	_____
Ears	_____	Eyes	_____	Ears	_____
Teeth/ Mouth	_____	Skin	_____	Teeth/Mouth	_____
Hair loss:	yes <input type="checkbox"/> no <input type="checkbox"/> if so where? _____	Hair loss:	yes <input type="checkbox"/> no <input type="checkbox"/> if so where? _____		
Fleas:	yes <input type="checkbox"/> no <input type="checkbox"/> Treatment: _____	Fleas:	yes <input type="checkbox"/> no <input type="checkbox"/> Treatment: _____		

**Required Vaccines**  
Dogs: Rabies  
DHLP-Parvo (distemper)  
Bordetella (kennel cough)  
Cats: Rabies  
FVR-C (distemper)  
A licensed veterinarian must have administered the above vaccines.  
**Bordetella must have been administered within the past 6 months**