Fast Pass for Boarding at All Creatures Animal Clinic

Pet's Name ___________________________________________ Dates: Check in _________ G/H___________

Emergency Contact ____________________________________ ( )__________________________

General Information
Did you bring your own food? YES _______ NO _______ Does your pet have food allergies? _________
Amount to feed: ________ cup ONCE daily ________ AM or PM TWICE daily ______
Personal Belongings: (Please list and describe. All belongings should be labeled. We are not responsible
for lost items) ____________________________________________________________________________
Special Information on your pet______________________________________________________________

Medical Information: Staff member checking in medications: __________ Initial ___________
My pet is currently on medications/supplements: YES _________ NO _______
If yes, list medication/supplement amounts and frequency
__________________________________________________________________________ Once daily/twice daily or three times daily
__________________________________________________________________________ Once daily/twice daily or three times daily
__________ Verify meds brought by owner and list all on Fast Pass
__________ What is the dosage? Is it the same as on the bottle or has it changed?
__________ has the pet had the meds this morning?
__________ when is the next dosage due?
__________ Controlled meds are checked in through the pharmacy with technician. Controlled meds stay in
the pharmacy. (Phenobarbital; torbutrol tabs or syrup; hydrocodone; Tramadol; diphenoxylate)

Services Available (at an additional charge)
__________ Exam by Doctor
Describe symptoms ______________________________________________________________________
__________ Estimate Given?
__________ If there are any other procedures the doctor determines necessary
__________ Notify me before proceeding
__________ Treat as needed, I understand there may be additional charges.

*Note: In the event of unforeseen circumstances, emergency treatments will be performed on pet unless otherwise directed*

I would like my pet to have a: (at an additional charge)
__________ Nail Trim ___________ Anal Gland expression
__________ Bath (includes nail trim and anal gland expression)
__________ I would like my pet to have a swim/play session in the hydrotherapy pool

Flea/tick and Heartworm Prevention:

Animal Care staff initial _______

Client last applied flea/tick prevention on what date? _____________________

Client would like us to provide:

_______ Advantage ________ Frontline ________ Comfortis ________ Trifexis
_______ Nexgard ________ Heartgard ________ Other

Client please read and sign: I understand that if fleas/ticks are found at arrival, a flea prevention will be applied at my
expense. If my pet is due for any of the required vaccines needed to board, these will be done while here, unless
excused by a doctor, at an additional charge. All Creatures recommended all vaccines to be given at least 1 week before
boarding for full immunity. Not having the vaccines done prior to boarding may leave my pet at risk. Should they
become infected with an upper respiratory infection or other illness the client will be responsible for the cost of the
treatment.

Client signature ___________________________________________ Date ________________

Recept ________

CHARGES WILL NEED TO BE PAID IN FULL AT TIME OF PICK UP

*Please remember to inform us if someone else will be picking up your pet

A/C ________

__________ I give All Creatures Animal Clinic permission to use photo's of my pet on the clinic Facebook page