

Fast Pass for Boarding at All Creatures Animal Clinic

Pet's Name: _____ Check in Date: _____ Go Home Date: _____

Emergency Contact _____ () _____

General Information

Did you bring your own food? YES ☐ NO ☐ Does your pet have food allergies? _____

Brand of food brought? _____ | Food sensitivities? _____

Amount to feed: _____ cup(s) and/or _____ can(s)/wet | TWICE daily ☐ OR ONCE daily: ☐ AM or ☐ PM

Special Information on your pet: _____

Is pet dog reactive? YES NO

Is pet people aggressive? YES NO

Is pet food aggressive? YES NO

Is pet able to jump or scale fences? YES NO

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

Medication	Dose/Amount	Frequency
_____	_____	TWICE DAILY <input type="checkbox"/> OR ONCE daily: AM <input type="checkbox"/> PM <input type="checkbox"/> []
_____	_____	TWICE DAILY <input type="checkbox"/> OR ONCE daily: AM <input type="checkbox"/> PM <input type="checkbox"/> []
_____	_____	TWICE DAILY <input type="checkbox"/> OR ONCE daily: AM <input type="checkbox"/> PM <input type="checkbox"/> []
_____	_____	TWICE DAILY <input type="checkbox"/> OR ONCE daily: AM <input type="checkbox"/> PM <input type="checkbox"/> []

Next Dosage Due? _____

Services Available (at an additional charge)

Tech Initial _____

Exam by Doctor: Yes ☐ OR NO ☐

Describe symptoms: _____

Vaccines Needed: _____

***Is pet already scheduled for a procedure while boarding? _____ Procedure _____

If there is an emergency or a medical treatment needed while here boarding with us:

_____ Notify me before proceeding, if more than \$ _____

_____ 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 approve of medications being prescribed by a Dr if my pet has diarrhea or shows symptoms of high anxiety?

☐ Yes

☐ No

☐ Please call first

I would like my pet to have a: (at an additional charge)- Done Day Before Pick Up

☐ Bath (includes nail trim and anal gland expression)

☐ Nail Trim ONLY ☐ Anal Gland expression ONLY

Flea/tick and Heartworm Prevention:

A/C: _____

Give flea/tick prevention while here (at an addition cost): Yes ☐ No ☐

Type: _____

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 be given at least 2 weeks 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 _____

Receipt _____

Tech Check-in _____

Hospital _____

A/C _____

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 *