



Boarding Check-in Sheet

Client Name: _____ Patient Name: _____

Phone Number _____ where you can be reached in case of emergency.

Emergency Contact Name: _____ Phone Number: _____

*Check-In Date: _____ *Check-Out Date: _____

1. Emergency Treatment: In the event that my pet should become ill while boarding, I understand that you will attempt to contact me. If unable to reach me, you have my permission to treat my pet. I do/do not have a doctor preference. No, do not treat my pet as necessary until you contact me.

All pets are **REQUIRED to be up to date on Rabies, DHLPP(dogs), FVRCP(cats), and Bordetella(dogs only) vaccinations at least 2 to 3 weeks prior to boarding.*

2. Is your pet: **DUE for a required vaccine during time of boarding? PLEASE INITIAL HERE** _____

These vaccines must be updated in order for your pet to board and we will need to update these at this time.

Canine - DHLPPC Rabies Bordatella

Feline - FVRCP Rabies

3. Additional Services that I request during my pets boarding (additional charges apply).

Please circle all that apply:

*Kennel Bath _____ **If your dog is to be given a bath during its stay the bath will be given the morning your animal is scheduled to leave. Please **pick up your pets after 2:00 p.m.** to allow bathing and drying time.*

*TLC _____ *Frosty Paws Ice Cream _____ *Nail Trim _____ *Edible Bone _____ *Cat Treats _____

*Heartworm Blood Test (canine) _____ *Ear Cleaning _____ *Home Again Microchip ID (\$10 off) _____

*Anal Gland Expression _____ *Fecal Exam _____ *Blood Work _____

4. Flea and Tick control: We require that each boarding animal receive a Capstar flea treatment to keep our facility flea free and also prevent your animal from taking fleas home with them.

5. Health or Behavioral Problems: Sensitive to Thunderstorms Cage Aggressive Arthritic Other _____

6. Medications to be administered:

1. Name of Medication _____ Dose _____

2. Name of Medication _____ Dose _____

7. Feeding Instructions: (please check the correct diets to be fed and describe the amount)

once daily: am/pm twice daily free fed

I brought my own food: _____ Amount: _____

Canned Amount: _____

Dry Amount: _____

Canned w/ dry Amount: _____

If your pet will not eat dry food, do we have your permission to mix a small amount of canned food with it? yes No

6. Belongings that I brought with my pet include*: Bed/Blanket (please state color): _____ Toys: _____

Carrier (please state color): _____ Treats: _____ Other: _____

**We will do the best we can to keep these belongings in the same shape they came to us in, however during boarding things happen to bedding ,harnesses, leashes and/or toys that are beyond our control, we are not responsible for damaged bedding during your pet's stay.*

Signature: _____ Date: _____