

# Fast Pass for Boarding at All Creatures Animal Clinic

Pet's Name: \_\_\_\_\_ Dates: Check in \_\_\_\_\_ Go Home Date: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ ( ) \_\_\_\_\_

## General Information

Did you bring your own food? YES  NO  Does your pet have food allergies? \_\_\_\_\_

Amount to feed: \_\_\_\_\_ cup(s) 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 \_\_\_\_\_

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

Hospital \_\_\_\_\_

\*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