

Boarding Check In

Today's Date _____ Date of Pick-Up _____

Owner _____

Pet's Name _____	Bath	Flea Pill	Hair Clip
	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___

Date you would like your pet's bath _____ (All baths/clips pets can be picked up no earlier than 4:00 p.m.)

***2 walks are included in boarding**
If you want extra walks please check how many: 1 extra 2 extra

EMERGENCY CONTACT: Name _____

Phone _____

Last vaccinations given at _____ Date of vaccinations _____

MEDICATIONS:

Name	Instructions
_____	_____
_____	_____
_____	_____
_____	_____

Additional treatment/maintenance requests:

Pet's belongings (Carrier, Toys, etc.) _____

Please Read!!!

Personal items such as toys, blankets, bowls and leashes brought with your pet during boarding are left at the owner's own risk.

Due to the volume of animals we have, the clinic can not be responsible for such items if they are lost.

Bowls and bedding are provided by the clinic during boarding.

Vaccination Policy

To insure the protection of all pets under our care, the following must be up-to-date: (yearly)

I understand that if my pet is found not to be current on these vaccines, they will be administered here at my expense.

DOGS: Rabies, DHPP, Bordetella

CATS: Rabies, FVRCP, FELV

(x)

Signature

Date