

Boarding Check In

\_\_\_Cage \_\_\_Run

Owner's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of Pick-up: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

BATH	HAIRCUT
Date: _____	Date: _____

**\*All Grooming pets can be picked up AFTER 4:00pm.**

Extra Play Time (\$2.00 each): (5-10 minutes free run in the yard) Note: 2 "potty breaks" are included with boarding	___1 Extra ___2 Extra	Food: Clinic Food(Hill's)      Owner Food
		Special instructions: _____

Medications \_\_\_\_\_

Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor to Check: \_\_\_\_\_

Pet Belongings: \_\_\_\_\_

Please initial each of the following:

\_\_\_\_\_ Personal items such as toys, blankets, bowls and leashes brought with your pet are left at your own risk. Due to the volume of animals we have, the clinic can't be responsible for lost or damage to such items. Bowls and bedding are provided by the clinic during boarding.

\_\_\_\_\_ To insure the protection of all pets under our care, the following vaccines must be current. 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 and Bordetella      CATS: Rabies and FVRCP)

\_\_\_\_\_ I understand that I will not be allowed to pick up my pet outside of normal business hours due to liability reasons and employee/pet handling restrictions after clocking out.

\_\_\_\_\_

\_\_\_\_\_

Signature

Date