Boarding Check In Form

Owner's Name: Emergency Contact: Pet's Name:		Phone Number	::
		Phone Number	(Team Member will weigh)
		Weight:	
Duration of Stay:		_	(Team Member will fill out)
•			
-	9	lities have been noted:	
Has your pet exhibited	the following symptom	s in the past two weeks?	
Vomiting	Coughing	Loss of appetite	
Diarrhea	Sneezing	Lethargy	
	ill your pet require duri	ng their boarding stay?	
•			
Medication:			
Day and time is	.se gi veni		
Medication:			
Dosing instruct	ions:		
Day and time la	st given:		
Feeding Instructions			
House Food	Own Food:	How Much:	How Often:
	My pet is on a prescription	on diet:	
Canine Playtime (two t	twenty minute sessions, \$	(17 per day)	
Yes, on these da	ays:		
No			
Additional Services			
Rath an	nd nail trim \$35		
		npoo such as hypoallergenic or	unscented?
	*	o after 2pm so they have enoug	
			•
Personal Items:			

INFLUENZA VACCINE

I have been informed by the team at Animal Clinic and Wellness Center the importance of the canine influenza vaccine. I understand the risks with not having my pet vaccinated against canine influenza. I will not hold Animal Clinic and Wellness Center responsible for any conditions that may encounter due to the omission of the canine influenza virus. I understand I will be held financially responsible for all treatments if my pet contracts the virus.

STANDARDS OF CARE

Owner's Name: Pet's Name:
Medical & Treatment Consent If your pet is on any on medications/supplements, it will be discussed at time of boarding admittance. Should my pet experience an injury or illness, including life-threatening circumstances, during his/her stay the doctors at Animal Clinic and Wellness Center,
Cannot treat unless I am reached and authorize treatment Can start treatment(s) and cannot to exceed this amount
Can start treatment(s) immediately, regardless of cost
I understand that I will be responsible for all associated charges. I accept that veterinary medicine is not an exact science and that there isn't a guarantee of successful treatment has been made.
Pets staying at our boarding facility <u>must be on flea prevention</u> . If fleas are found on your pet during his/her stay your pet will be treated for fleas at the owner's expense. In order to prevent the spread of intestinal parasites, pets that are admitted for boarding must be up to date on an intestinal parasite test (stool sample). Any testing and/o treatment will be at the owner's expense.
Vaccines All pets being admitted for boarding must have proof of current vaccines. Dogs are required to be up-to-date of Rabies, DHPP and Bordetella. Cats are required to be up-to-date on Rabies and FVRCP. In order to reach maximum efficiency, vaccines are required to be done a minimum of two weeks prior to boarding stay. If your pet it vaccinated at another veterinary hospital, proof must be provided prior to boarding drop off time. If vaccines cannot be verified at time of boarding admittance, your pet will be unable to board at our facility.
Prolonged Boarding
Pets that are left with us for more than 10 days past the pre-arranged departure date without notification will b considered abandoned. We will make every effort to locate the owner before considering the pet abandoned. We reserv the right to handle abandoned animals in accordance to local laws.
Social Media (please circle one) Animal Clinic and Wellness Center can / cannot use my pet's picture and/or video on their social media page.
Personal Items We will take every effort to maintain the condition and cleanliness of a pet's personal item(s). However, pleas understand that personal items such as bedding or toys may become damaged or soiled during a pet's stay, and we are not financially responsible for items.
Animal Clinic and Wellness Center has the right to deny boarding due to lack of vaccines, signs of contagiou diseases, or aggressive behavior.
Team Member's Signature: Date:

Owner's Signature: _____ Date: _____