



Boarding Check-In Form

Owner First and Last Name: _____

Address: _____ City, State, Zip: _____

Primary Phone Number: _____ Cell Home

Pet Name: _____ Breed: _____ Color: _____

Check-in Date: _____ Check-out Date: _____

Emergency Phone Number: _____

Please provide a number where we can reach you in case of an emergency with your pet.

Please choose an option below should injury or circumstance warrant the need for emergency service:

- Treat my pet as needed, there is no monetary limit.
- Treat my pet up to a limit of \$_____ and then call me.
- Examine my pet (exam fee applies) and call me before treatment.
- Contact me at the emergency number above. I understand if I cannot be reached, my pet will not receive treatment.

What flea and tick medication is given to this pet? _____

When was the last dose given? _____

Pets found to have intestinal parasites or fleas, or who are overdue for prevention, will be treated with appropriate medications and the cost will be added to your account.

Feeding Instructions – *If you are bringing food, please clearly label with your pet's name and your last name.*

Use kennel food I brought food – Brand/description: _____

How much should we feed? _____ How often? _____

Last time your pet was fed: _____

If you provide your pet's food and it runs out, we'll feed your pet our Science Diet kennel food. If your pet's food is a prescription diet, we will open a small bag of Hill's comparable diet to continue feeding and send the rest home with you – charges will apply. Initial: _____

Medication Instructions – *Please complete information for medications, vitamins, and supplements we need to administer during boarding. Administration of these items while boarding is charged at \$3.00 per day.*

Medication name: _____ Dosage: _____ Frequency: _____ Last dose: _____

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Medication name: _____ Dosage: _____ Frequency: _____ Last dose: _____

Continued on the Back



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Items left with your pet:

We provide bedding for boarding pets. We do not accept responsibility for any items left with your pet from damage, soiling, or loss. Boarding pets are moved frequently to ensure clean accommodations.

Special Instructions – *special needs your pet may have or conditions that should be attended to by our team while boarding.*

Additional Services – *bath, nail trim, exam, vaccines, etc your pet may need while boarding*

Please initial that you understand the following policies regarding boarding:

_____ I understand that I cannot pick up my pet on holidays or after business hours for any reason.

_____ Pets must be current on vaccinations according to our protocol. Any necessary services can be performed at the time of admission. If we cannot verify the status of vaccinations, services will be performed at your expense – this will also include a physical exam to ensure your pet is healthy enough to receive vaccinations.

_____ I will be charged for each night my pet stays for boarding, including days after the expected check-out date. Prepayment of boarding is required for the expected number of nights my pet stays. Additional charges are due to be paid when my pet is picked up.

I verify the care instructions above are correct and accept responsibility for all charges as described above.

Signature

Date

Thank you for choosing All Creatures Animal Hospital to care for your pet. We appreciate you and your pet!