

# BOARDING CHECK-IN FORM

## Boarding Daily Rate:

**Standard Room** \$28 per pet

**Extra Large Room** \$32 per pet - 1st come 1st serve by reservation only

**Indoor/ Outdoor Room** \$32 per pet - Aggressive or difficult to handle boarders have priority

*\*Additional fees will be applied to diabetic and difficult to handle/aggressive boarders.*

Pet(s) Name(s): \_\_\_\_\_

If multiple pets:  Share room  Separate Rooms

Phone number(s) where you can be reached: \_\_\_\_\_

Emergency Contact Name : \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pick-Up Date: \_\_\_\_\_ Pick-Up Time (See below): \_\_\_\_\_

◆ Boarders receiving grooming services will be ready after 3pm

◆ A fee applies per pet if picking up after 2 pm weekdays (non-grooms), after business hours on weekends, and holidays.

◆ After hours pick-up times: Saturday: 5 pm Sunday: 8 am or 5 pm Holidays: 8 am or 5 pm

◆ No refunds will be given for any reservation changes once the pet has been checked in.

\_\_\_\_\_ Initial

What flea and tick prevention is your pet currently on: \_\_\_\_\_

Date last given: \_\_\_\_\_ *If purchased from a 3rd party, provide proof of purchase. If proof of purchase is not available or your pet is past due at the time of check-in, please select the product that you would like for us to dispense*

**Dogs:**  Bravecto (3 month ) \$78.76-\$83.85  Bravecto (1 month - up to 88 lbs) \$27.95 -\$29.41

Simparica (1 month - limited supply) \$21.76-\$24.21  Credelio (1 month - limited supply) \$23.84-\$24.80

**Cats:**  Bravecto Plus (2 month) \$51.59-\$52.42  Revolution Plus (1 month) \$57.33-\$58.77

## Please select the following if desired:

Exam (\$52) Reason: \_\_\_\_\_

Nail Trim (\$19.45-\$24.83)

Bath (includes nails, brush out, blow drying, and anal glands expression)

Groom (includes nails, trim or cut according to your instructions, brush out, blow drying, and anal gland expression)

**\*\*\*Price of bath and groom varies by size, hair coat condition and length\*\*\***

Bath or Grooming Instructions: \_\_\_\_\_

## Feeding Instructions:

Kennel Food (Science Diet Sensitive Skin/ Stomach)

Own Food - Please Describe: \_\_\_\_\_ Food allergies?  Yes  No

Feed:  Morning  Noon (Weekdays Only)  Evening  Free Feed

Feeding Instructions: \_\_\_\_\_

**Exercise Options** (Not available for aggressive or difficult to handle boarders)  
(Price is per quantity) Quantity per day

Cuddle Time (\$6) \_\_\_\_\_

One-on-One Play Time with Staff (\$6) \_\_\_\_\_

Private Yard Time (\$4) \_\_\_\_\_

If multiple pets from the same family, can they have play time together? \_\_\_\_\_

**Has your pet ever been diagnosed with any of the following:**

- |   |  |   |   |                                   |
|---|--|---|---|-----------------------------------|
| <input type="checkbox"/> Heart Disease      | <input type="checkbox"/> Liver Disease         | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Bladder Stones     | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Cancer             | <input type="checkbox"/> Whipworms             | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Vestibular Disease |                                   |
| <input type="checkbox"/> Collapsing Trachea | <input type="checkbox"/> Neck or Back Problems |   |   |                                   |

Please explain if you checked off any of the above:

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If your pet has seen a vet somewhere else, do we have your permission to contact your veterinarian for medical records?

Yes  No      Name of Veterinarian: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Medications and Supplements (Must be separated and clearly labeled with instructions)**

Cost for medication administration is as follows:

- Oral meds taken in food: \$1.00 per day
- All other meds or oral meds needing assistance: \$2.00 per day

If my pet does NOT take his/her medication with food, no worries, skip the dose.

If my pet does NOT take his/her medication with food, please assist my pet. (additional fee applies)

**\*\*For the safety of our staff and your pet, we can only assist if your pet does not try to bite during administration.**

**List names & instructions if different from label**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**IMPORTANT:**

Does your pet chew, destroy, or eat bedding and toys?  Yes  No

Does your pet **JUMP** or **CLIMB** fences?  Yes  No

Does your pet **DIG** under fences?  Yes  No

**Please note that if jumping, climbing, or digging is observed, then you will be notified, and for your pet's safety, your pet will be leash walked for the remainder of his/her stay at an additional fee.**

\_\_\_\_\_  
Initial

Has your pet ever **GROWLED, BITTEN** or **THREATENED** to bite another animal or person?  Yes  No

Has your pet ever needed to be sedated or muzzled for any grooming or veterinary services?  Yes  No

If you answered yes, please describe the circumstance:

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Please note that if your pet is showing aggression or other challenging behavior that requires additional resources while boarding you may be charged an additional handling fee. (\$12/day)

\_\_\_\_\_  
Initial

Other Special Boarding Instructions:

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Please list all of your pet's belongings (be as specific as possible, i.e. red striped lease, blue fleece bear): **\*\*if not listed, we cannot be held responsible for their loss.**

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_

### Social Media Release (Optional)

I, the undersigned, do hereby grant permission to My Pet's Animal Hospital to capture and post my pet's photo and video material on My Pet's Animal Hospital website, and social media accounts including, but not limited to, Facebook, Instagram, Twitter.

I hereby release My Pet's Animal Hospital from all claims and demands arising out of or in connection with any use of said photo/video material, including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use of the photo/video material or any rights therein for My pet's Animal Hospital.

Yes I agree to the above statements, and hereby grant permission.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_