

BOARDING CHECK-IN FORM

Boarding Daily Rate:

Standard Room \$30 per pet

Extra Large Room \$35 per pet - 1st come 1st serve by reservation only

Indoor/ Outdoor Room \$35 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): _____ ☐ Call when done with bath/groom if applicable

◆Boarders receiving grooming services will be ready after 3pm

◆A \$12.00 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 (\$57) Reason: _____

☐ Nail Trim (\$23.51-\$29.46)

☐ 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 (\$6.50) _____

One-on-One Play Time with Staff (\$6.50) _____

Private Yard Time (\$5) _____

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

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

- | | | | | |
|---|--|---|---|-----------------------------------|
| ☐ Heart Disease | ☐ Liver Disease | ☐ Kidney Disease | ☐ Bladder Stones | ☐ Seizures |
| ☐ Cancer | ☐ Whipworms | ☐ Diabetes | ☐ Vestibular Disease | |
| ☐ Collapsing Trachea | ☐ Neck or Back Problems | | | |

Please explain if you checked off any of the above:

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: \$1.50 per day
- All other meds or oral meds needing assistance: \$2.50 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:

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:

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: _____



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. _____ |
| 9. _____ | 10. _____ |