

BOARDING CHECK-IN FORM

OWNER:
PET NAME:
BREED:

ARRIVAL DATE:
DEPARTURE DATE: _____

I have been provided a "Boarding Consent Form" by a staff member of Family Pet Clinic within the last 6 months. I have read its contents and fully understand the boarding policies and procedures of Family Pet Clinic. By checking in my pet today, I agree to and accept the policies and procedures set forth by Family Pet Clinic. Initial _____

According to our boarding policy, your pet is due for, and will be required to, receive the following upon check-in today:

NONE RV Da2pp+4L Bordetella CIV (H3N8+H3N2) FVRCP (Feline only) Fecal

Is your pet currently on any medications? Yes No

If so, please list the medication(s) below and the time each medicine was last give: _____

At no additional charge, we provide and feed Hill's Science Diet Sensitive Stomach to pets who are boarding with us. Do you want us to feed your pet our "house" food? YES NO, I will provide my pets food.

What feeding schedule would you like us to follow for your pet? Free Feed Other _____

Any additional services you would like your pet to receive while boarding with us? NONE Bath Groom

Nail Trim Microchip Heartworm Test FIV/Leuk/HW Test (Feline only) Other _____

Below, please list any of your pet's personal belongings that will be left with them during their stay with us. NONE

Upon check-in today, do you have any questions or concerns regarding the health of your pet? No Yes

If yes, please explain _____

Has your pet had any recent surgeries and/or diagnosed medical conditions not documented at our clinic that we need to be aware of and/or would require extra attention? No Yes

If yes, please explain _____

Do you authorize Dr. Rena Dunahoo or attending veterinarian to examine your pet in the event they become ill?

Yes, please treat my pet up to \$_____ before calling me **-OR-** Yes, please treat my pet as needed with no financial restrictions No, please contact me before proceeding with any medical treatment

Do you authorize Dr. Rena M. Dunahoo, attending veterinarian, and/or staff to perform necessary life saving measures on your pet in the event of an emergency? Yes No

OWNER/AUTHORIZED AGENT _____ **CONTACT #** _____
Print

OWNER/AUTHORIZED AGENT _____ **DATE** _____
Signature