



Boarding Check-In Information

Patient's Name: _____

Drop-off Date: _____ Pick up Date: _____ (check one) AM ___ (before 9:30) PM ___

Bath: (circle one) Yes or No

Nail trim: (circle one) Yes or No

Feeding Instructions: (circle one) Once a day, Twice a day, Free feed

Is your pet on a specific diet? If so: _____

Has your pet already eaten anything today? _____

For the safety of your pet, and our other patients, your pet's vaccinations must be current. Please provide proof of vaccinations or we will need to administer them before your pet's admission today.

Possessions that will stay with your pet while boarding:

- Leash? Yes / No
- Blankets/Beds? Yes / No
 - Description: _____
- Toys? Yes / No
 - Description: _____
- Food? Yes / No
 - Description: _____
- Medications? Yes / No

Medication	Dosage	Number of times per day	Last Given	Special Instructions

For the protection of all our patients, we require your pet to be flea free when dropped off for boarding. If fleas are seen during our complimentary boarding admission exam, we will need to treat your pet.

Product used: _____ Date last applied: _____

Are there any other special care instructions for your pet? _____

Signature _____

Emergency Contact Number(s) _____