

# Boarding Check-in and Release Form

**Pet Name:** \_\_\_\_\_ **Incoming Date:** \_\_\_\_\_ **Pick up Date:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Does your pet have his/her own food? Y/N** If yes, what kind: \_\_\_\_\_  
**If not, is Hills Science diet chicken or turkey ok? Y/N**

**History of food allergies or restrictions? Y/N** If yes, describe: \_\_\_\_\_

**Feeding Schedule:** How much food per meal: \_\_\_\_\_ How many meals per day: \_\_\_\_\_

## List any medications/supplements to given during boarding:

1) Medication Name: \_\_\_\_\_

Dosage/Frequency: \_\_\_\_\_ Last dose given at? \_\_\_\_\_

2) Medication Name: \_\_\_\_\_

Dosage/Frequency: \_\_\_\_\_ Last dose given at? \_\_\_\_\_

3) Medication Name: \_\_\_\_\_

Dosage/Frequency: \_\_\_\_\_ Last dose given at? \_\_\_\_\_

4) Medication Name: \_\_\_\_\_

Dosage/Frequency: \_\_\_\_\_ Last dose given at? \_\_\_\_\_

## Check box for any Grooming treatments you would like performed during their stay:

Nail Trim [ ] Express Anal Glands [ ] Bath [ ]

(We are usually able to accommodate bathing, but may be subject to change depending on day of pick up and availability of a staff member to provide service)

**Most recent Flea control product used:** \_\_\_\_\_ **Date used:** \_\_\_\_\_

Note: If flea control has not been recently given, or if we see fleas on your pet, we will give them the appropriate treatment. Please indicate name of product you would like us to use if indicated:

\_\_\_\_\_

**Is there anything else we should know about your pet to make his/her stay more comfortable?**

\_\_\_\_\_  
\_\_\_\_\_

**Please list all personal items (collar, leash, carrier, food) that you may have provided for your pet during their stay. Include the color, pattern, description, and brand of food. We have plenty of comfortable blankets and clean bowls to provide for your pets care, and we encourage you not to bring your own.**

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

5) \_\_\_\_\_ 6) \_\_\_\_\_

## Boarding Policy and Consent: Read and Initial the following

[ ]1: Standard vaccinations are **REQUIRED** to be current with proof, on all boarding animals. Dogs must be current on Rabies and DHPP. Cats must have Rabies and FVRCP.

[ ]2: While boarding, if at any time your pet needs medical attention, you are authorizing **Analy Veterinary Hospital** to treat your pet with the understanding that you are responsible for all services/fees rendered. All attempts will be made to contact you before treatment is done, unless patient requires urgent and immediate care.

[ ]3: In the event of an Evacuation Order or Fire Emergency, we will make every effort to evacuate your pet to safety. We will attempt to contact you to arrange for pick up by you or your emergency contact. Please provide an emergency contact, friend or neighbor, who may be available to provide care for your pet during an evacuation. If we are unable to reach you, we may transport your pet to an evacuation center or emergency hospital for continued care at which you will be responsible for fees incurred.

[ ]4: All boarding and other fees are due at the time of release of your pet.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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Do not fill in this area.

C/S/V/D- none or describe	Vaccines – Current or need to be updated	Combed for Fleas- Non-seen or needs treatment
Appetite – good or poor	Exam – Current or Requested/Scheduled	Other:
Activity – Normal or Abnormal	Grooming- None or Requested/scheduled	