

BOARDING CHECK-IN LIST

Owner's Name _____ Account# _____

Pet's Name _____ Admit Date: _____ Pick-Up Date _____

I have scheduled grooming to be done on _____
(Grooming is done Monday-Saturday with prior reservation only)

I would like playtime done on these days _____ Check if every day
(Playtime is not done on the day of admission or discharge)

Emergency Contact: Name: _____ Phone: _____

Vaccinations: Vaccinations must be up to date for admission into the hospital. Please bring vaccination history if they were administered at another hospital.

Diet: We normally feed Purina dry to dogs and Hill's C/D to cats. We carry a full line of Science, Purina, and Hill's puppy/kitten, maintenance and prescription diets. If you would prefer to use your own diet, it must be in a sealed plastic container.

Use my food: Use your food

Name of food: _____ How much/how often? _____

Medications*

Name of Medication	Give this many pills or this much liquid-or apply to which eye or ear	Give this often (once, twice, three times daily, etc.)

*Each medication must be in its original container

Special Instructions:
