

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 Tuesday-Saturday with prior reservation only)

Grooming instructions: _____

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: _____

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. Dogs need Rabies, Distemper, Leptospirosis, Bordetella and fecal check within the year. Cats require Rabies and Distemper vaccinations.

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: _____

Items brought in (toys, bones, etc.) _____