

# BOARDING CHECK IN SHEET

Pet: \_\_\_\_\_ Owner: \_\_\_\_\_

Boarding from: \_\_\_\_\_ Till \_\_\_\_\_ Time you will pick up: \_\_\_\_\_

Vaccines Current? Yes / No Due for: \_\_\_\_\_

Things to be done while boarding: \_\_\_\_\_

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## Please Initial:

\_\_\_\_\_ There will be a \$4 medication fee per day if meds are to be given while boarding.

\_\_\_\_\_ Parasite (Fecal) Exams are MANDATORY for the safety of all boarding and hospitalized patients. !!! If ANY parasites are seen your pet will be treated accordingly!!!!NO EXCEPTIONS!!!

\_\_\_\_\_ All boarding pets must be CURRENT ON ALL VACCINES including Rabies, Distemper, Bordetella and Canine Influenza. You will be charged accordingly to update your pet's vaccines if they have expired or we have no records of them.

\_\_\_\_\_ All pets MUST be free of fleas, ticks and internal parasites. An Oral flea treatment is required and will be given to ALL pets upon entering our boarding facility. This is for the well being of your pet as well as the other pets in our facility. If your pet still has fleas / ticks, a dose of prevention will be applied. **YOU WILL BE CHARGED FOR THESE TREATMENTS AND ANY OTHER NECESSARY FLEA/TICK TREATMENTS.**

Which product do you currently use? \_\_\_\_\_ Date last applied: \_\_\_\_\_

\_\_\_\_\_ ALL boarding dogs are required to have a bath before leaving the facility. If you would like we also offer grooming services and can schedule an appointment for your pet to be groomed before leaving.

\_\_\_\_\_ WE ARE NOT RESPONSIBLE FOR ANY LOST OR LEFT BEHIND items!

\_\_\_\_\_ SUNDAY PICKUPS ARE CHARGED FOR THE ENTIRE DAY/NIGHT. Sunday pick ups must be pre-arranged with the weekend technician and staff prior to boarding appointment.

\_\_\_\_\_ I DO give permission for Animal & Bird Hospital of Clearwater to treat my pet if any abnormalities or diseases are noted during my pet's stay. I understand that should a life threatening emergency occur, every reasonable effort would be made to contact me. If I can't be reached, necessary steps will be made to treat my pet, and I agree to be financially responsible for the charges when I pick up my pet.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Number(s) where you can be reached: \_\_\_\_\_

Emergency contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_