

BOARDING CHECK-IN FORM

Owner: _____ Pet(s): _____

Emergency Ph#s: _____

Date of Pick-up: _____ Time of Pick-up: _____

Meal times (please circle one): 1. Once a day 2. Twice a day 3. Free feed

How much? _____ When? (circle one): AM or PM or BOTH

Personal Belongings: _____

Would you like a \$20 go-home bath (dogs only)? Please circle: YES / NO

Nail trim/Anals expressed/Ear clean (\$13)? Please circle: YES / NO

What type of heartworm preventative is your dog on? _____

Must be on heartworm preventative OR have had a HW blood test within the past 6 months.

What type of flea preventative is your dog or cat on? _____

If not on flea preventative, your pet will be given a one-time oral or topical flea treatment.

List Medications (each must be in separate container with instructions):

Pets with special medical conditions such as diabetes will be charged a hospitalization fee of \$42 a day instead of the regular boarding rates as they are under the doctor's care while here

Sleep, play, eating habits, or special needs we should be aware of while here: _____

Any additional medical requests while your pet is here: _____

We are committed to providing the best care while you are away. Should your pets become ill while boarding, they will be treated at the discretion of the doctor. Any medications or special foods used will be added to your bill. If a problem of a more serious nature occurs, every effort will be made to contact you before starting treatment. PLPH cannot be held responsible for soiled, lost, or destroyed personal belongings while your pet is boarding with us.

Signature: _____ Date: _____