

Boarding Check-In Sheet

Owner Name

Owner Phone

Alternative Phone

Alternative Contact Person

Alternative Person's Phone

Expected Date / Time to pick up _____

Who will pick up (if not the owner) _____

Pet Name

Vaccines Required for Puppies over 12 Weeks: Rabies, DA2PP, Kennel Cough, Flu, Current 30-90 day Flea Prevention

Vaccines Required for Kittens over 12 weeks/Cats: Rabies, FVRCP, Current 30-90 day Flea Prevention

_____ I understand that if my pet has not been vaccinated, the s/he will be vaccinated upon entry into this facility. I further understand that this vaccination will not offer an immediate protective immunity as it takes no less than seven days for the immune system to fully respond to a vaccination. If my pet becomes ill with a possible contagious disease (ie: if s/he starts coughing, sneezing, etc) during their stay, they will be required to be held in isolation at an additional charge of \$40-50 per day.

_____ I also understand that my pet is staying at a facility that is attached to a veterinary hospital. If my pet has something arise - ear infection, diarrhea, cough, eye discharge, etc - while boarding then s/he will be seen by a doctor. Exam fees are \$45, treatment is additional. I also understand that if my pet is currently a patient at Wickham Animal Hospital & Boarding and is under treatment for either a chronic or short term problem, if I fail to bring his/her medication then the doctors will dispense the medications needed and continue therapy as recommended. This will occur at an additional fee.

_____ I understand that sometimes pets can become stressed in a boarding situation. If this leads to a disinterest in food or unwillingness to eat the food that I brought for them, I give Wickham Animal Hospital and Boarding permission to either add a little chicken or baby food to their regular diet, or to offer a hospital-stocked food that may tempt them to eat. This does carry an additional charge but will only be done if and when a pet refuses to eat for an entire 24 hours.

_____ The clinic and staff shall not be liable for problems that develop despite reasonable care and precautions taken. I understand that should any problem develop with my pet, s/he will be treated by the veterinarians as they deem best. I assume all responsibility for the treatment expenses involved.

Signature

Type of Food (Canned, Dry, Home Made, etc)	Given How Many Times a Day?	Amount to be Given per Feeding?	Last Time Fed
I have brought my pet's food, consisting of:	1x per day 2x per day		Yesterday / Today AM / PM
I did not bring food. Give: Wet/Dry			

**We will supply wet/dry food for \$4 additional per day per pet.

Medication Name	Route	Amount Given per Dose	Frequency	Last Given
	Oral Topical Injection		1x per day 2x per day x per day	Yesterday / Today AM / PM
	Oral Topical Injection		1x per day 2x per day x per day	Yesterday / Today AM / PM
	Oral Topical Injection		1x per day 2x per day x per day	Yesterday / Today AM / PM
	Oral Topical Injection		1x per day 2x per day x per day	Yesterday / Today AM / PM

Do you want 15 minutes extra of one-on-one time at \$10 a day? Y / N

Please tell us how your pet would prefer to spend this extra 15 minutes:

Play Time / Nature Walk / Cuddle Time / Brushing

Any property left with your pet is NOT guaranteed to be returned, as some pets soil on their personal items or may even rend them apart.

Items left with pet:

Please note any additional services you would like while your pet is visiting with us.

Service	Cost	Special Instructions
Bath the day of discharge.	Y / N	**Will not be able to go home before 1 PM
Nail Trim	Y / N	
Anal Gland Expression	Y / N	
Other:		