



Boarding Check-In Sheet

Pet Name: _____

Arrival/Departure: _____

Owner Name: _____

Phone Number: _____

Emergency Contact: _____

Emergency Contact Number: _____

Expected Date/Time of Pick Up: _____

- ♦ **Puppies** over the age of 16 weeks **MUST** be up to date on Rabies, DA2PP (Distemper-Parvo), Bordetella (Kennel Cough), and strongly recommend Flu and Lepto vaccinations, and they **MUST** be current on a 30-90 day flea prevention.
- ♦ **Kittens** over the age of 16 weeks **MUST** be up to date on Rabies and FVRCP (Distemper) vaccinations, and they **MUST** be current on a 30-90 day flea prevention.

Flea Medication Last Applied/Given on: _____ Brand: _____

If Flea Prevention is Due, Wickham Animal Hospital & Boarding may give:

Any brand that we carry

Owner Prefers: _____

_____ I understand that if my pet has not been vaccinated, that they 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 respond to a vaccination. If my pet becomes ill with a possible contagious disease (ie: if they start coughing, sneezing, etc.) during their stay, they will be required to be held in isolation at a charge of \$40-50 per day.

_____ I understand that my pet is staying at a facility that is attached to a veterinary hospital. If my pet has something else arise - ear infection, diarrhea, cough, eye discharge, etc. - while boarding, then they 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 their medication(s) 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 an unwillingness to eat the food that I brought for them, I give Wickham Animal Hospital & Boarding permission to either add a small amount of 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, they will be treated by the veterinarians as they deem best. I assume all responsibility for the treatment expenses involved.

Owner Signature

Pet Name: _____

Owner Name: _____

Type of Food (Canned/Dry/Homemade/Etc.)	Given How Many Times a Day?	Amount to be Given per Feeding?	Last Time Fed
<input type="checkbox"/> I have brought my pet's food, consisting of: <input type="checkbox"/> I did not bring food, give: <input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> Once per day <input type="checkbox"/> Twice per day		<input type="checkbox"/> Yesterday <input type="checkbox"/> Today <input type="checkbox"/> AM <input type="checkbox"/> PM

We will supply wet/dry food for an additional \$5 - \$8 per day, per pet

Medication Name	Route	Amount Given per Dose	Frequency	Last Given
	<input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Injection		<input type="checkbox"/> Once per day <input type="checkbox"/> Twice per day <input type="checkbox"/> _____ per day	<input type="checkbox"/> Yesterday <input type="checkbox"/> Today <input type="checkbox"/> AM <input type="checkbox"/> PM
	<input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Injection		<input type="checkbox"/> Once per day <input type="checkbox"/> Twice per day <input type="checkbox"/> _____ per day	<input type="checkbox"/> Yesterday <input type="checkbox"/> Today <input type="checkbox"/> AM <input type="checkbox"/> PM
	<input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Injection		<input type="checkbox"/> Once per day <input type="checkbox"/> Twice per day <input type="checkbox"/> _____ per day	<input type="checkbox"/> Yesterday <input type="checkbox"/> Today <input type="checkbox"/> AM <input type="checkbox"/> PM
	<input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Injection		<input type="checkbox"/> Once per day <input type="checkbox"/> Twice per day <input type="checkbox"/> _____ per day	<input type="checkbox"/> Yesterday <input type="checkbox"/> Today <input type="checkbox"/> AM <input type="checkbox"/> PM

**Please note if boarding during a Holiday, extra one-on-one time may not be available. **

Do you want 15 minutes extra of one-on-one time at \$16 per day? Yes No

If so, please tell us how your pet would prefer to spend this extra 15 minutes:

- Play Time Cuddle Time
 Nature Walk Brushing

Items left with pet:

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

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

Service	Special Instructions
Bath the day of discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No	**Will not be able to go home before 1:00pm
Nail Trim: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Anal Gland Expression: <input type="checkbox"/> Yes <input type="checkbox"/> No	