



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	