

Pet Calls Animal Hospital Boarding Check In

We would like to welcome your pet family member(s) to Pet Calls!
To help ensure your pets stay is as comfortable as possible, please take a moment to fill out the following:

Pet's Name: _____ Last name: _____

Date of Check In: _____ Checking out: _____

Nutrition:

Will you be providing their diet Y/N

Their brand of diet is: _____

They eat dry, canned or both: _____

How Much: _____ How Often: _____

Treats Allowed Y/N Provided Y/N _____

Does your pet have any food sensitivities Y/N

Please be Specific: _____

Medical:

Does your pet have any medical/health issues that we need to be aware of?

Does your pet have any allergies to medications? Y/N

Current medications, dose and frequency

1. _____
2. _____
3. _____
4. _____

All medications should be in their original prescription bottle

Current Flea/Flea & Tick Prevention _____ Day of Month _____

Heartworm Prevention _____ Day of Month _____

For your pets safety all pets are given a flea prevention Capstar, which lasts for 24 hours. At your request, we can give canines a Nexgard instead of Capstar. Nexgard is an excellent flea and tick preventative that lasts for a full month. There is an additional charge for these products. **Capstar** ____ **\$5.99**

Do you have more than one pet staying with us? Y/N

If yes...

- Will they be staying together? Y/N
- Can they be fed together? Y/N/
- Can they be walked together? Y/N

Do you have any other requests for your pets stay? Y/N

Is anyone else authorized to visit your pet while you are away? Y/N

_____ I understand that my pet is required to be up to date on all vaccines & have a current fecal and that all dogs are required to have a bath(ears will be cleaned and nails will be trimmed).

_____ I understand that if my pet has gastrointestinal issues such as vomiting or diarrhea, they will be treated by the attending Veterinarian at my expense.

_____ An estimate for my pets stay as well as required or recommended medical care has been reviewed with me.

I have read the above and agree with the hospital policy including any additional charges that may be incurred during the stay. I hereby authorize any emergency treatment deemed necessary by the attending Veterinarian.

Signature

Phone No. While Away

Alternate Emergency Contact

Alternate Phone Number

Admitting Team Member:_____