

Pet Calls Animal Hospital Boarding Check In

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

Pet's 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 _____

If yes, 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 _____

Please list current medications, the dosage, and the 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 _____

All pets are given a flea prevention Capstar, which lasts for 24 hours. **Capstar \$6.99**

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 pet's stay? Y/N _____

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

If yes, please list their name and phone number:

- 1.
- 2.

Please read the following before initialing:

_____ 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.

_____ Check out times are: 10am-5:45pm WEEKDAYS and 10:00am-1:45pm on Saturdays. If an earlier departure is needed, please alert the kennel technician at the time of arrival. We will absolutely accommodate your requests.

_____ If your pet becomes ill or needs medical attention during their stay, you will be responsible for any medical expenses incurred.

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 Number While Away

Alternate Emergency Contact

Alternate Phone Number

Admitting Team Member:_____