



BOARDING PATIENT CHECK IN

General Information

Client: _____ Pet's Name: _____ Date: _____

Boarding dates from _____ to _____

In an emergency contact: _____ at telephone () _____

The emergency contact above has my permission to make medical decisions regarding my pet. YES NO

So we may ensure we have your correct address and telephone number, please include that information below:

Address: _____

Phone: Home () _____ Mobile () _____ Spouse's Mobile () _____

Email: _____

Instructions

I brought my own food: YES NO Feeding Instructions: _____

Last time my pet was fed _____ My pet takes medication: YES NO Last time medicated _____

Medication(s)* 1. _____ 2. _____ 3. _____

Instructions: 1. _____ 2. _____ 3. _____

**There is an additional fee for administering medications. For additional medications or instructions, please list on a separate page.*

Would you like your pet to have a bath YES NO or groom YES NO Date _____

Additional notes or instructions:

Reminders (OFFICE USE ONLY)

Please update the vaccines/treatments as indicated by ✓ _____ initials

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