



Deer Ridge Animal Hospital

Boarding Check-In Sheet

Client Name _____ Pet's name _____

Check in date _____ Check out date _____ Permission to post on Social Media Yes No

Phone number where you may be reached in case of emergency _____

Secondary emergency contact person name _____ phone number _____

Emergency Treatment:

In the event that your pet should become sick while boarding, we will attempt to contact you.

If we are unable to reach you: YES, you have my permission to treat my pet at my expense

NO, do not treat my pet as necessary until you contact me

Feeding Instructions:

Once daily twice daily free fed

I brought my pet's own food _____ dry canned

Amount to be fed daily _____ fed today yes no

Belongings: (please describe)*

Bed/blanket _____ toy(s) _____

carrier _____ treats _____

collar/leash _____ other _____

*We will do our best to keep belongings in the condition they arrived, however during boarding, things may happen to belongings that are beyond our control. We are not responsible for damaged belongings during your pet's stay.

Additional services that I request during my pet's stay at normal fees

nail trim anal gland expression ear check

Bath *if requested, baths are usually given the morning your pet is scheduled to leave. Please pick up your pet in the afternoon to allow for bathing and drying time.*

Special instructions for groomer _____

Medications to be administered: if pet is on medication and this section is not completed, they may not be given

Pet _____ Medication _____ dose _____ last given _____

Pet _____ Medication _____ dose _____ last given _____

Pet _____ Medication _____ dose _____ last given _____

Vaccinations, Intestinal Parasite check, Flea check

All boarding pets are required to be **current on vaccinations** and have had a **negative intestinal parasite** check within the last 6 months. If fleas are found on your pet, treatment will be given at your expense.

Required dog vaccinations: Rabies, DHLPP, Bordetella (every 6 months)

Required cat vaccinations: Rabies, FVRCP

Signature _____ Date _____

*****To be completed by staff*****

Patient _____ status _____ weight _____ flea comb _____

Patient _____ status _____ weight _____ flea comb _____

Patient _____ status _____ weight _____ flea comb _____

Kennel Attendant _____