



**Healthy Paws
Veterinary Center**

Boarding Check-In

Owner: _____ Pet: _____ Personal Items: _____

Date In: _____ Time In: _____ Staff Init. _____ **WEIGHT** Date Out: _____ Time Out: _____

Emergency Name _____ Canine Suite: Yes No

Emergency Number _____ _____ Initials

Special Needs/Services: _____ Special Diet/Feeding Instructions: _____

Medications: _____ Is Owner picking up: Yes No If no, name of person picking up _____

- Diabetic/special handling \$12.00/day additional _____ Initials
- Extra playtime \$6.00/day additional _____ Initials
- M____ T____ W____ Th____ F____ Sa____ Su____
- Give my pet a bath – DATE _____
- Groom my pet on – DATE _____
- Do not give my pet a bath/groom while boarding
- Apply Flea/Heartworm Treatment (Type) _____

Vaccinations: Canine	____RV*	Feline	____RV*
	____DHPP*		____RCP*
	____BV* Every 6 months		____FELV
	____Fecal*		____Fecal
	____HW test		____Nail Trim
	____Nail Trim		
* Required for boarding			

- * For the health and comfort of you pet and odor control, if you pet becomes soiled, a bath will be given at owner's expense if not already requested.
- * Upon check-in if parasites are found on your pet, a Capstar will be administered along with the application of a topical flea and tick medication at owner's expense.
- * We will accept beds and personal items, but do not guarantee the return of toys, bedding, or dishes left with pets.
- * I understand if my plans change, I must call to arrange for the additional boarding, change of bath time, etc. for my pet.
- * 24-hour monitoring is not available at this facility.
- * I authorize Healthy Paws Veterinary Center to provide reasonable and necessary medical treatment to my pet should the need arise. If an examination by the Doctor is necessary there will be a charge. I accept full financial responsibility for the payment of services rendered. I acknowledge that I have read, do understand, and agree to all of the above requirements.

Signature of Owner/Agent: _____ Date: _____