



Boarding Check-in Sheet

**SPRING MEADOW
VETERINARY CLINIC**

Client Name: _____ Patient Name: _____

Phone Number _____ where you can be reached if necessary

Emergency Contact Name: _____ Phone Number: _____

*Check-in Date: _____

*Check Out Date: _____



**Our boarding charges are for each pet, not each kennel and are calculated from the day of arrival through the day of departure.*

Emergency Treatment: Yes, treat my pet as necessary if you are unable to contact me.

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

Additional Services:

***All pets are REQUIRED to be up to date on Rabies, DHLPP(dogs), FVRCP(cats), and Bordatella(dogs only)**

Is your pet: UP TO DATE on all required vaccines (including kennel cough)

DUE for a required vaccine. These vaccines must be updated in order for your pet to board.

We will update these at this time. PLEASE INITIAL HERE _____

Canine -	DHLPPC	Rabies	Bordatella			
Feline -	FVRCP	Rabies	FeLV	CaliciVirus	FIV	FIP

In addition to the above vaccinations, I request the following be performed during my pets boarding at an additional charge. (Please circle all that apply)

Felv/FIV test (feline)	Heartworm Blood Test (canine)	Toe Nail Trim	Ear Cleaning	Bath
Anal Gland Expression	Fecal Exam	Blood Work _____	Other _____	

****If your dog is to be given a bath during its stay the bath will be given the morning your animal is scheduled to leave. Please pick up your pets after 2:00 p.m. to allow bathing and drying time.***

Flea and Tick control: Date Flea/Tick last applied/administered: _____ Product Used: _____

*all pets are combed for fleas and treated at the owner's expense.

Health or Behavioral Problems: Sensitive to Thunderstorms Cage Aggressive Arthritic Other _____

We also offer the Home Again Microchip Identification system. 1 in 3 pets will get lost. Without ID, 90% won't return home. If you desire, we can place the microchip at a reduced cost (\$10.00 off) while your pet is boarding with us. The cost of this is \$50.00 including the registration fee. **Do you want your pet to be Microchipped?** YES NO

Medications to be administered:

1. Name of Medication _____	Dose _____
2. Name of Medication _____	Dose _____

Feeding Instructions: (please check the correct instructions)

Canned Amount: _____

Dry Amount: _____

Canned w/ dry Amount: _____

Special Diet: _____ Amount: _____

<input type="checkbox"/> once daily
<input type="checkbox"/> twice daily
<input type="checkbox"/> free fed

If your pet will not eat dry food, do we have your permission to mix a small amount of canned food with it? yes No

Signature: _____ Date: _____