

T.L.C Animal Hospital / Bed & Biscuit
Boarding Check- in and Release

DATE OF CHECK IN: _____

DATE OF PICK UP: _____

CLIENT NAME: _____

PET(S) NAME: _____

Thank you for choosing TLC Animal Hospital / Bed & Biscuit for the care of your pet. Please take a few minutes to answer some important questions that will help make your pet(s) stay a healthy and enjoyable one.

1. In case of emergency, please notify _____ at _____
(Name) (Phone Number)
or _____ at _____

2. For the health and safety of all pets in our facility, **we require proof of current vaccinations and a negative fecal check.** Any pet that is not currently vaccinated in accordance with our policy, will be vaccinated at the owner's expense. Required Vaccinations:

DOGS:
Rabies (\$20) _____ DHPP (\$25) _____ Bordetella (\$19) _____ Flu (\$24) _____ HWT (\$35) _____ Fecal (\$27) _____

CATS:
Rabies (\$20) _____ FVRCP (\$25) _____ Fecal (\$27) _____

If my pet was not vaccinated at TLC Animal Hospital, I agree to the release of my pet's previous medical records.
*Arrangements for isolation accommodations are available for pets with medical concerns preventing vaccinations.

3. We require that all boarders be up to date on monthly flea prevention. Has your pet been treated for fleas in the last 30 days? YES // NO
What product do you use? _____ What date was it last administered/applied? _____

PLEASE NOTE: Any pet that has not been treated for fleas in the last 30 days or is infested with parasites (internal parasites / worms, fleas or ticks) will be treated at the owner's expense- NO EXCEPTIONS

4. Are there any MEDICAL NEEDS (ears, eyes, skin, etc.) that need to be performed while your pet is boarding? YES // NO
If yes, what would you like done? _____

5. Are there any medications that need to be given to your pet? YES // NO (Medications not supplied by owner will incur additional charges.) **Medications to Be Given:**
1. _____ # tablet/capsule/ml(s) _____ # times/day Given today? Y // N
2. _____ # tablet/capsule/ml(s) _____ # times/day Given today? Y // N
3. _____ # tablet/capsule/ml(s) _____ # times/day Given today? Y // N

6. Will you be leaving food for your pet(s)? YES // NO (If a special diet needs to be opened, the food will be added to the bill.)
How many times a day do you feed your pet(s)? _____ How much? _____ cup/cans
Does your pet have any food allergies? YES // NO Is it ok for us to give your pet(s) treats? YES // NO

7. Please list any other items left with your pet _____
(Please note that all items must be marked permanently with owners name and that we are not responsible for lost items.)

8. Would you like your pet to receive a bath? YES // NO Ok to shave/cut mats if needed? YES // NO
(Price determined by weight and coat length)

9. "Play Time" (additional exercise time, supervised play period, brushing) YES // NO \$8 for 10 minutes of play- up to 2 pets
How many per day? _____ times/day (limit 2/day)

10. **TLC Animal Hospital will use all reasonable precautions against illness or injury and efforts will be made to contact owners to advise of status. However, procedures and/or treatments, for any abnormality noted, will not be withheld if contact is not made. Payment is required when pet(s) are released or owner returns.** Initials: _____ / _____

Signature: _____

Date: _____