

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. **Emergency Contact Information:** 1) _____ at _____
(Name) (Phone Number)

2) _____ at _____

2. **Required Vaccinations:** 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.**

DOGS:

Rabies: _____ DHPP: _____ Bordetella: _____ Flu H3N2: _____ Flu H3N8: _____ Fecal: _____ HWT: _____

CATS:

Rabies: _____ FVRCP: _____ Fecal: _____

3. **Flea Prevention:** We require that all boarders be up to date on monthly flea prevention. **Name of Product:** _____

Has your pet been treated for fleas in the last 30 days? YES // NO Date 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 will be treated at the owner's expense.

4. Are there any **MEDICAL NEEDS** that need to be performed while your pet is boarding? (Diagnostic needs require additional paper work)

Initials: _____

5. **Medications to Be Given:** Are there any medications that need to be given to your pet? YES // NO

(Medications not supplied by owner will incur additional charges.)

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. **Feeding Instructions:** Are you leaving food for your pet(s)? YES // NO Name of regular diet: _____

How many times a day do you feed your pet(s)? _____ How much do you feed? _____ cup/cans

Special/prescription diets available at additional charge.

Is it ok for us to give your pet(s) treats? YES // NO

Does your pet have any food allergies? YES // NO If yes, please list them here: _____

7. **Belongings:** Please list any items left with your pet. All items must be clearly labeled. TLC is not responsible for lost or damaged items.

8. **Bathing Services:** Bath prices are determined by weight and length of coat. Deluxe bath includes nail trim/dremel, anal gland expression, ear cleaning and brushing of the teeth. Please note that any boarders that require a bath for hygienic purposes will be charged a \$10 fee.

Would you like your pet to receive a bath? YES // NO Standard // Deluxe Ok to shave/cut mats if needed? YES // NO

9. **Play Times:** We offer additional playtimes with our kennel technicians. We do what your pet likes to do!

\$8 for 10 minutes of play- up to 2 pets Limit of 2 playtimes per day. We do not do playtimes on Sundays or on Holidays.

Would you like for your pet to have additional play time? YES // NO How many per day? _____ times/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: _____

_____/_____
(staff use only)