Check–In: CANINE BOARDING Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Information

Account holder:

Address:

Home phone:

Work phone:

Cell phone:

Email:

Employer:

Spouse/Other:

Spouse work phone:

Spouse cell phone:

Spouse email:

Spouse employer:

Children:

Emergency phone:

Emergency contact:

Patient Information

Name:

Species:

Breed:

Color:

DOB/Age:

Sex:

Weight:

Allergy:

Reservation

Check-in: Checkout:

Our Routine at Home

Feeding:  Amount:

❑ AM Only  ❑ PM Only  ❑ AM & PM  ❑ Leave Out

❑ We brought our own food  Brand:

❑ Please feed kennel food

Medications: Please list each, amount, and when.

Other items we brought:

\*All items must be permanently and visibly labeled.

Services Desired While Boarding

❑ Vaccinations

List:

❑ Check anal glands  ❑ Nail trim  ❑ Fecal exam

❑ Microchip  ❑ Heartworm check

❑ Flea or regular bath—day before dismissal
($20, $5 discount if boarding more than 3 days)

❑ Playtime—15 minutes of outdoor play daily ($4/day)

❑ Other concerns:

❑ Authorization to treat minor concerns that arise

Dismissal

Anticipated pickup date:   ❑ AM  ❑ PM

Weekend dismissal is $10 (Saturdays after noon and Sundays).

Contact phone for dismissal:

OFFICE USE ONLY

\_\_\_ Vaccs current  \_\_\_ Vaccs needed  \_\_\_ Vaccs confirmed  \_\_\_ Items labeled

Authorization Current Balance: $

❑ My dog is current on DHLP-Parvo, Bordatella and Rabies vaccinations and free of fleas. A pre-boarding exam is offered to establish flea status. HVC will treat for fleas, ear mites, and ticks if found.

❑ I certify that the above information is current and correct.

❑ I understand that I am financially responsible for all charges.

❑ I understand that at least a down payment is due today and that full payment is required upon completion of the services.
If you are unable to pay, please reschedule the appointment.

❑ I intend to pay today via: ❑ Cash  ❑ Check  ❑ Credit Card  ❑ Debit Card  ❑ Money Order  ❑ Care Credit

❑ I understand that a 1.5% billing fee (minimum of $3.00) is assessed to all overdue accounts after 30 days.

Signature:   ❑ Account holder  ❑ Spouse/Other  ❑ Child