



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: _____

Authorization

- My dog is current on DHLPP-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

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

Current Balance: \$