



Client ID _____

Pet Name _____

CSR Initial _____

BOARDING CHECK-IN FORM

REQUIRED

Dogs must be current on the following vaccines: Distemper/Parvo, Bordetella (kennel cough), and Rabies. Cats must be current on the following vaccines: Feline Distemper and Rabies. Proof of vaccinations must be provided prior to boarding. If proof is not provided, pets will be vaccinated while boarding, charges will be applied to your invoice.

All pets must be free of fleas. If we see any fleas on your pet while boarding, we will treat your pet by administering a Capstar pill, which will be applied to your invoice. Initial _____

PERSONAL ITEMS: Personal items for your pet are strongly discouraged due to safety concerns. AMC will not be held liable if your pet destroys or is injured by the personal items you choose to leave/have provided while boarding. AMC will not be responsible for lost personal items. Initial _____

MEDICAL ILLNESS: In the event of illness or emergency, staff will immediately attempt to contact you to discuss treatment options. If we are unable to contact you, please select the level of care we are authorized to provide until someone is reached.

___ Do not perform any diagnostics, treatments or emergency lifesaving procedures.

___ Provide only emergency and supportive care.

___ Provide all necessary care, no financial limitations. Initial _____

COMPLETE THE FOLLOWING:

- Does your pet have any allergies or allergic reactions to food, vaccines, or medications? Yes: ___ No: ___
If yes, please list: _____

- I would like for AMC to provide a soft, snuggly blanket for my pet at no extra charge. Yes: ___ No: ___ Initial _____

- **Feeding Instructions:** Did you bring your pet's food? Yes: ___ No: ___

Description of food/container _____

If you did not bring your pet's food, we will provide a dry sensitive stomach diet. Special diets and canned food can be pulled from the shelf and charges applied to your bill.

Feeding Instructions:

Initial _____

Type of Food	Amount to be fed	How often	Next time due

- **Is your pet on medication?** Yes _____ No _____

If you did not bring enough medication for your pet's stay, medications that we currently keep in stock can be pulled from the shelf for you pet, charges will be applied to your bill for any medications pulled from the shelf.

Medication Instructions:

Initial _____

Medication:	Instructions:	Next Dose is Due:

My pet has the following possessions: _____

Number(s) where I can be reached: _____

Emergency contact numbers: _____

By signing this form I acknowledge all of Animal Medical Center's requirements, recommendations, and additional charges for my pet's stay:

Sign: _____ Print: _____ Date: _____