



Angel Parkway Pet Hospital

Boarding Check-In

Weight

Owner Name: _____

Pet Name: _____

Personal Items: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Special Needs: _____

Medications: _____

Special Diet/Feeding Instructions: _____

Date In: _____ Time In: _____

Date Out: _____ Time Out: _____

*Canine Suite: (\$30/night) Yes No

Staff Initials: _____

Services needed while boarding (Office Use)

- Canine:** _____ ***Rabies** (1 or 3 year)
 _____ ***DHPP** (1 or 3 year)
 _____ ***Bordetella** (every 6 months)
 _____ Leptospirosis (annual)
 _____ ***Fecal test or worming**
 _____ Heartworm Test
 _____ Nail Trim
 _____ Express Anal Glands
- Feline:** _____ ***Rabies**
 _____ ***FVRCP**
 _____ FeLV
 _____ ***Fecal test or worming**
 _____ Nail Trim

* Required for Boarding

*Boarding Charges per night

0-25 lbs \$20, 26-49 lbs \$26, 50-80 lbs \$28, Cat \$21

*cost is by weight unless a suite is requested

* If someone other than owner is picking up, please leave name & phone number.

Please circle Yes or No for each below

➔ Diabetic/special handling \$5.00/day additional Initials _____ Yes No

Additional fees apply for the following procedures. Please only fill out if you want done during pet's stay.

➔ Give my pet a bath while boarding or schedule grooming. Date _____ Yes No

➔ Shave down my cat (anesthesia required). Date _____ Initials _____ Yes No

➔ Please give extra playtime to my pet- \$5.00 for 10 extra minutes/day. Initials _____ Yes No

➔ Please brush my dog's teeth. (\$10) Initials _____ Yes No

➔ Apply Flea/Heartworm Treatment (Please list type) _____ Initials _____ Yes No

(No fee if you are supplying medication.)

* For the health, comfort & for odor control a bath can be given at a reduced fee (Since it is not uncommon for boarded pets to become soiled since they are walked outside several times a day).

* Upon check-in, if parasites are found on your pet, anti-parasite treatment will be administered at owner's expense.

* We will accept beds and personal items, but do not guarantee the return of toys, bedding or dishes left with pets.

* I understand if my plans change, I must call to arrange for the additional boarding, change of bath time, etc. for my pet.

* 24-hour monitoring is NOT available at this facility.

* Loose stool can occur while boarding due to change in environment &/or food; in such a case our Veterinarian may opt to treat using a special diet or non-medicinal treatment such as a Probiotic or Endosorb (similar to Kaopectate).

Please contact me prior to ANY extensive medical treatment being administered to my pet(s). Initials _____

* In the event that I cannot be reached, basic medical care will be provided. Examinations are complimentary, but any additional treatment, injections, fluids and/or medications given will be charged normally. I accept full financial responsibility for the payment of all services rendered.

I acknowledge that I have read, fully understand & agree to all of the above requirements.

Signature of Owner/Agent: _____ Date: _____

Office use: Charges entered _____ (initial) Wrote on board _____ (initial) Checked in _____ (initial) Date _____