



Angel Parkway Pet Hospital

DayCare Check-In

Weight

Owner Name: _____
 Pet Name: _____
 Personal Items: _____
 Emergency Contact Name: _____
 Emergency Contact Phone: _____
 Special Needs: _____
 Medications: _____
 Special Diet/Feeding Instructions: _____

Date _____ Time In: _____
 _____ Time Out: _____

Canine DayCare: Yes No
 Feline DayCare: Yes No

DayCare charges **Dog** 0-25 lbs \$15, 26-49 lbs \$21, 50-80 lbs \$23

Services needed (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**

Cat \$14

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

→ Diabetic/special handling \$5.00/day additional Initials _____

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

* 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 _____