



# 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: (\$38/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 \$27, 26-49 lbs \$33, 50-80 lbs \$36, 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 \_\_\_\_\_



# 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 \$16, 26-49 lbs \$22, 50-80 lbs \$24

\* 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 \_\_\_\_\_

Updated: 1/16/2020 BMC

**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 \$15