



# Angel Parkway Pet Hospital

## Boarding Check-In

Weight

Owner Name:			
Pet Name:			
Emergency Contact Name:			
Emergency Contact Phone:			
Personal Items:			
Special Needs:			
Medications:			
Feeding Instructions:			
Date In:	Time:	Date Out:	Time:

**Services Needed While Boarding (Office Use)**

**Canine:** \_\_\_\_\_ \* Rabies (1 or 3 year)  
 \_\_\_\_\_ \* DHPP (1 or 3 year)  
 \_\_\_\_\_ \* Bordetella (every 6 months)  
 \_\_\_\_\_ Leptospirosis  
 \_\_\_\_\_ \* Fecal Test or Worming  
 \_\_\_\_\_ Heartworm Test  
 \_\_\_\_\_ Nail Trim  
 \_\_\_\_\_ Express Anal Glands

**Feline:** \_\_\_\_\_ \* Rabies  
 \_\_\_\_\_ \* FVRCP  
 \_\_\_\_\_ FeLV  
 \_\_\_\_\_ \* Fecal Test or Worming  
 \_\_\_\_\_ Nail Trim

**\* Required for Boarding**

<b>Accommodation Type:</b>	Canine 0-25Lbs (\$29.00)*	Canine 26-49Lbs (\$35.00)*	Canine 51-80Lbs (\$38.00)*
	Canine Suite (\$40.00)*	Feline (\$21.00)	*Multiple pets will receive a \$5.00 discount based on weight

**Additional fees apply for the following procedures:**

Diabetic/Special Handling Fee (\$8.00/day additional)	Initials:
Extra Walk/Yard Time (10 minutes) – On-leash Only (\$8.00/day)	Initials:
Apply Flea/Heartworm Preventative (charge applies unless provided) – Type:	Initials:
Exit Bath/Scheduled Grooming (not guaranteed unless scheduled at time of booking)	Initials:

\*Other services, such as tooth brushing, are available for a fee upon request

-For health, comfort & odor control, a bath may be given at a reduced fee. (It is not uncommon for boarded pets to become soiled despite several outdoor walks per 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 said items, e.g. toys, beds, bowls.

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

-24 hour monitoring is not available at this facility.

-Loose stool can occur while boarding due to change in environment/food. 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 will be charged normally. I accept full financial responsibility for the payment of services rendered.

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

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use:      Checked In \_\_\_\_\_      Charges Entered \_\_\_\_\_      Wrote on Board \_\_\_\_\_