

T.L.C Animal Hospital / Bed & Biscuit

Boarding Check-In & Release Form

DATE OF CHECK IN: _____

DATE OF PICK UP: _____

CLIENT NAME: _____

PET(S) NAME: _____

Please take a few minutes to answer some important questions that will help make your pet(s) stay a healthy & enjoyable one.

1. Emergency Contact Information:

1) Name: _____ Phone Number: _____

2) Name: _____ Phone Number: _____

2. Required Vaccinations & Spay/Neuter Policy: For the health & safety of all pets in our facility, we require proof of current vaccinations & a negative fecal check. Any pet that is not currently vaccinated in accordance with our policy **will be vaccinated at the owner's expense.**

DOGS:

Rabies: _____ DHPP: _____ Bordetella (every 6mos.): _____ Bivalent Flu: _____ Fecal: _____ HWT: _____

CATS:

Rabies: _____ FVRCP: _____ Fecal: _____

All dogs 2 years & older need to be spayed or neutered. All cats must be spayed/neutered to board. If your dog goes into heat while here OR is actively in heat, they will be in Isolated Boarding (\$34/night).

If your dog is under the age of 2, please list when their last heat cycle was. Date of last cycle: _____

3. Flea Prevention: We require that all boarders be up to date on monthly flea prevention. Any pet that has not been treated for fleas in the last 30 days or is infested with parasites will be treated at the owner's expense. **Name of Product:** _____

Has your pet been treated for fleas in the last 30 days? YES // NO Date last administered/applied: _____

4. Are there any **MEDICAL NEEDS** that need to be performed during this stay? Exams & diagnostic needs require additional paper work.

Initials: _____

5. Medications to Be Given: Are there any medications that need to be given? YES // NO

Medications not supplied by owner will incur additional charges.

1. _____ # tablet/capsule/ml(s) _____ # times/day Given today? Y // N

2. _____ # tablet/capsule/ml(s) _____ # times/day Given today? Y // N

3. _____ # tablet/capsule/ml(s) _____ # times/day Given today? Y // N

6. Feeding Instructions: Are you leaving food for your pet(s)? YES // NO Name of regular diet: _____

How many times a day do you feed your pet(s)? _____ How much do you feed? _____ cup/cans

Special/prescription diets available at additional charge. Is it ok for us to give your pet(s) treats? YES // NO

Does your pet have any food allergies? YES // NO If yes, please list them here: _____

7. Belongings: Please list any items left with your pet. All items must be clearly labeled. TLC is not responsible for lost or damaged items.

8. Bathing Services: Bath prices are determined by weight & length of coat. Please note that any boarders that require a bath for hygienic purposes will be charged a \$10 fee. Hygienic bath fee is waived if the pet is a geriatric boarder. Would you like your pet to receive a bath?: YES // NO
Type?: Standard // Deluxe Ok to shave/cut mats if needed?: YES // NO

9. Play Times: We offer additional playtimes with our kennel technicians. We do what your pet likes to do!
\$8 for 10 minutes of play for up to 2 pets from the same family. Limit of 2 playtimes per day. We do not do playtimes on Sundays or on Holidays. Would you like for your pet to have additional play time? YES // NO How many per day? _____ times/day

10. TLC Animal Hospital will use all reasonable precautions against illness or injury & efforts will be made to contact owners to advise of status. However, procedures and/or treatments, for any abnormality noted, will not be withheld if contact is not made. Payment is required when pet(s) are released or owner returns. Initials: _____

Signature: _____

Date: _____

_____/_____
(staff use only)