

Stone Ridge Veterinary Hospital Boarding Check-In Form

Grace Period Label

Client Name _____

Pet Name _____ Weight _____

Boarding Dates: FROM _____ CHECK-IN TIME _____

TO _____ CHECK-OUT TIME _____

Proof of current vaccinations is required (rabies, distemper, kennel cough & canine influenza) for all our boarders. If proof is not presented at time of check in, we will vaccinate and an exam fee (\$49.00) will be charged along with the cost of any vaccines given.

For Office Use: Rabies Distemper Bordetella Canine Influenza PCP _____ Date _____

Please answer the following questions as clearly and completely as possible so we can provide the best care for your pet.

1. Food

Circle one: Use food provided by kennel I brought my own food

Feed my pet (circle one):

Once a day AM or PM 2 times a day 3 times a day Free feed
How much? _____ Dry _____ Canned

Has your pet eaten today? Yes No Does he/she need to eat again? Yes No

Check In
PCP _____
Tech _____

2. Medication

On Medication? (Circle one) No Yes If yes, please bring in the medication in it's original container.

Name of Medication: _____ Directions for medication: _____

Name of Medication: _____ Directions for medication: _____

Has he/she received **all** of today's medication?(s) Yes No Needs evening dose(s) Yes No

Does your pet have any pre-existing medical problems we should be aware of?

Has your pet been ill during the past 2-4 weeks? If so, please explain.

3. Stool Sample

This service is not required but it is recommended that a sample be checked yearly due to the fact that many parasites are transmittable to humans, especially children.

Check stool for intestinal parasites? (Circle one) Yes No If found, okay to treat? Yes No

4. Bath

Bath? (Circle one) Yes No
When? (Circle one) Night Before Pick-up Day of Pick-up (pick up after 1:00 PM if bathed on day of pickup)
No bath? How about just a nail trim? (Circle one) Yes No

5. Playtime

Playtime? (Circle one) Yes No How often? _____

Please note: When the kennel is extremely full, the number of sessions or length of Playtime may be shortened to accommodate all pets.

Pet's Personal Belongings

We cannot accept responsibility for leashes, toys, blankets, etc. that may become lost while your pet is boarding. We do provide bedding (blankets, towels, etc.) in the kennels for all pets during their stay. If you insist on leaving any personal belongings, please provide us with a list below:

Authorization For Vaccination

I give permission to vaccinate my pet if he/she is overdue for distemper or rabies vaccinations. A vaccine to protect against kennel cough is required every 6-12 months for dogs boarding with us, depending on boarding frequency, and will be given upon admission if due. *Initials* _____

Release Authorization For Treatment

If your pet becomes sick during his/her stay with us, a veterinarian will examine them. Uncomplicated problems such as persistent diarrhea, abrasions from rubbing on cage doors and the like will be treated medically. Potentially more serious problems (ie failure to eat, persistent vomiting, inability to stand, difficulty urinating) may warrant diagnostic blood, urine tests and/or x-rays. If you have questions or concerns about your pet and possible treatment during his/her visit, we encourage you to speak with one of our veterinarians. **If the situation appears serious enough, your pet may be taken to the Animal Emergency Service on East Henrietta Road for 24-hour care. We will make every attempt to contact you at the numbers you provide should your pet become ill while with us.** *Initials* _____

If my pet becomes seriously ill while boarding, and requires surgery or life saving resuscitation procedures (*Please initial your wishes below. Every effort will be made to contact you first*):

I give permission for the staff to do whatever is necessary to attempt to save my pet's life. *Initials* _____

I request the staff to provide basic care to make my pet comfortable; If this is not possible and my pet is suffering or getting worse, I give permission for humane euthanasia (put my pet to sleep). *Initials* _____

I do not want any treatments performed and request humane euthanasia (put my pet to sleep). *Initials* _____

If someone other than the owner is to pick up a pet from boarding, please let us know when that pet is brought in. We will not release an animal to someone other than the owner without prior authorization from the owner. All pets must be picked up within 5 days of specified check-out date. All efforts to contact owner or agent will be made in a timely manner. Failure to respond and/or pick up pet(s) will result in facility protocol for abandoned animals.

In order to maintain a "flea free" environment, your pet will be checked for fleas upon admission. If fleas are present, your pet will be treated with Capstar and Advantage or Frontline (at the doctor's discretion) at your expense.

****The undersigned acknowledges contracting for the above services and understands that any/all costs incurred will be the responsibility of the pet owner, and he/she is responsible for all balances due upon discharge of the pet(s).**** *Initials* _____

Signature _____ Emergency Phone #(s) _____

Email Address _____ @ _____

Regular Vet and Veterinary Hospital _____