

Spring Meadow Boarding Check-In Form

Owner Name: _____ Boarding Dates: _____ to _____

Pet(s) Name(s): _____

I give permission for the above mentioned pets to be boarded in the same cage during their stay. _____ (Please Initial)

Emergency Information

Yes, Treat my pet as necessary without contacting me. Emergency Contact: _____

No, do not treat my pet until you contact me. Emergency Phone: _____

Authorization for Release of Pet to a Person Other Than Owner

Person's Name: _____ Phone Number: _____

Feeding Instructions: Please feed my pet(s): *Food provided by kennel* *My Pet's own food*
Feed my pet (circle one): *Once a day (AM or PM)* *2 times a day* *3 times a day*

Amount of food given per feeding: _____ Does he/she need to eat again today? Yes No

Health or Behavioral Problems?: Sensitive to Thunderstorms Cage Aggressive Arthritis Other

Medication to be administered? Yes** (additional \$2.50 per day) (**FILL OUT reverse side of form)
 No

Pet's Personal Belongings: *We cannot be held accountable for damaged belongings.*

Please provide us with a list of belongings you have brought with your pet: _____

Optional Treats *Kongs will engage and stimulate your dog, while reducing boredom, and anxiety.*

For Dogs: Stuffed Kong Treat Yes, Please give my dog a Kong treat daily. (\$2.00/day)

For Cats: Cat Nip Pillows Yes, Please give my cat a catnip pillow during his/her stay. (\$1.99 each)

Bathing *Would you like for your dog(s) to have a bath? Yes No*

(Given at a discounted rate of \$10 after a 3 night stay. Boarding bath includes shampoo & conditioner and cage dry only.)

Fleas If fleas are present on your pet(s), he/she will be treated with flea medication at your expense. _____(Please Initial)

Additional Services requested:

- Heartworm/Tick Blood Test K9 (\$60)
- Toe Nail Trim (\$16.50)
- HomeAgain Microchip (\$50)
- Anal Glands expressed (\$22)
- Exam by Doctor(\$45) *(See reverse side of form)*

Vaccinations (Due during or shortly after pet's stay)

- DA2PPC-L Canine Annual Booster (\$26)
 - Bordetella Vaccine (\$23)
 - Rabies Vaccine (3 year) (\$26)
 - FVRCP/FelV Feline Annual Booster (\$50)
- All vaccinations will also be charged an exam fee of \$35***

We require ALL dogs to have had a negative fecal exam within 6 months of their stay to ensure intestinal parasites are not being spread to other boarders or to our staff. **If your dog has not had a recent fecal exam, we will collect a fecal sample and run the test in our in-house laboratory (\$28).**

If your dog's fecal exam is positive for parasites then your pet will be dewormed as necessary and limited to walks in a designated area so as to reduce the risk of transmitting parasites to our other boarders. _____(Please Initial)

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.

Signature _____ Date _____

Medication to be administered? (\$2.50 per day will be added to the boarding fee)

Is your pet on daily medication? Yes No Name of Pet on medication: _____

If yes, when was the last dose of medication given? _____

Name of Medication: _____ Directions: _____

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Boarding Examination Permission Form

Name of Patient to be examined: _____

Problem to be checked: _____

- Appetite Normal Increased Decreased
- Water Consumption Normal Increased Decreased
- Urination Normal Increased Decreased

Have you given any medications or treatments for this condition? YES NO
If yes, what? _____

Diet (What/how much/how often): _____

Flea Control: _____

Heartworm Prevention: _____

Do we have permission to proceed with the necessary diagnostics (x-rays, blood work, etc.) and treatments**?

YES NO Please CALL FIRST

When can you be reached to discuss your pet's diagnosis, treatment, etc.? _____

Phone #(s): _____

I hereby authorize the veterinarian at Spring Meadow to examine, prescribe for, or treat the pet(s) described above. I assume all responsibility for all charges incurred in the care of this/or these animals. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Name: _____ Signature: _____

Date: _____

OFFICE USE ONLY

| | |
|----------------------------------|-----------------------|
| Acc #: | Date: |
| Client: | |
| Patient: | |
| Complaint: | |
| TREATMENT/SMALL ANIM (26) | |
| 26060 | ANAL GLAND EXPR. Only |
| 26030 | CLEAN EAR(s) |
| 26070 | TOE NAIL TRIM |

| | |
|----------------------------------|-------------------------|
| SERVICES/SMALL ANIMA (10) | |
| KONGTI | KONG TIME EACH |
| 36301 | CATNIP PILLOW |
| BOARDING (12) | |
| 12001 | BOARD/DAY <20# |
| 12006 | BOARD/DAY >100# |
| 12002 | BOARD/DAY 21-39# |
| 12003 | BOARD/DAY 40-59# |
| 12004 | BOARD/DAY 60-79# |
| 12005 | BOARD/DAY 80-99# |
| 12007 | BOARD/DAY CAT |
| 12100 | MEDICATION GIVEN PER DA |

| | |
|----------------------------|-------------------------|
| BATHS/GROOMING (15) | |
| 15002 | BATH CANINE 21-39# |
| 15001 | BATH/CANINE <20# |
| 15006 | BATH/CANINE >100# |
| 15003 | BATH/CANINE 40-59# |
| 15004 | BATH/CANINE 60-79# |
| 15005 | BATH/CANINE 80-99# |
| 15010 | BATH/FELINE |
| 15011 | BATH/LONG HAIR |
| 15013 | BLOWDRY ONLY - CANINE |
| 15012 | BRUSH and/or BLOWDRY CA |
| 15014 | CAGE-DRY CANINE |

BRDNGBTH BOARDING BATH W/ CAGE DRY