

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 Emergency Contact: _____ Emergency Phone: _____

Yes, Treat my pet as necessary without contacting me.

No, do not treat my pet until you contact me.

Authorization for Release of Pet to a Person Other Than Owner

Person's Name: _____ Phone Number: _____

Feeding Instructions: Food provided by kennel My Pet's own food

• **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

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: _____

Health or Behavioral Problems?: Storm sensitive Cage aggressive Arthritis Other

Food aggressive Allergies _____ Deaf Other _____

Optional Treats

DOGS:

Stuffed Kong Treat (**\$2.50/Day**)

Frozen Yogurt Treat (**\$2.00/Day**)

CATS:

Cat Nip Pillow (**\$2.00/pillow**)

Bedtime snack (**\$2.00/night**)

Text /Email Message with Photo Updates: Receive text messages from your pet about his/her stay! (**\$5 per Stay**).

Phone #: _____ Email: _____

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:

Toe Nail Trim (\$16.50)

Additional Playtime for dogs (15 min. play session/day (**\$10/day**))

Anal Glands expressed (\$22.50)

Exam by Doctor (\$49) (**See reverse side of form**)

We require ALL dogs to have had a negative fecal exam within 6 months of their stay. 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 (\$29). 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
 o 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: _____

OFFICE USE ONLY

Acct #: _____ Date: _____

Client: _____

Patient: _____

Boarding Per Day	Ear Cleaning	Photo Per Day
Bath w/ Cage Dry	Medication Per Day	Playtime
Toe Nail Trim	Kong	Cat Nip Pillow
Anal Gland	Frozen Yogurt Treat	Other: