



Countryside Animal Clinic Boarding Check-In Sheet

CLIENT NAME _____ PET NAME(S) _____

BOARDING DATES FROM _____ TO _____

I hereby authorize and direct the veterinarians and staff at Countryside Animal Clinic to board my pet during the above specified period. I have read "Boarding Services" (see reverse) at Countryside Animal Clinic and understand its contents. If my pet becomes ill or an emergency arises, I authorize the staff at Countryside Animal Clinic to perform diagnostics and treatments medically necessary to the health and well-being of my pet. We will attempt to contact you prior to administering treatment if possible. **However, I understand that I will be financially responsible for these services rendered. I also understand my pet is required to be current on vaccinations including an annual fecal exam and will be given a flea treatment to control external parasites that is accepted by Countryside Animal Clinic.**

Please perform the procedures listed below. Charges will be in addition to boarding charges.

My pet is on the following medication(s): Please include heartworm prevention and flea/tick treatments. Be sure to indicate dosage, schedule, and date/time last administered.

Drug	Dosage	Times per day	Last Administered	Brought Y/N?
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please be especially aware of these problems:

Does your pet have a tendency to chew up bedding or toys? YES / NO; Is your pet currently sneezing or coughing? YES / NO;

My pet eats: Dry _____ Canned _____

Feeding instructions: Amount _____ Frequency _____

*****Your pet will be fed the high quality prescription diet we provide. Be sure to state if your pet is currently on a prescription diet and inquire if it is a diet that we carry in the hospital.*****

Items I am leaving with my pet: **(Countryside Animal Clinic is not responsible for items left with pets):**

Emergency Contacts: Name _____ Phone () _____

Name _____ Phone () _____

My pet will be picked up on _____ at approximately _____ AM _____ PM by

_____ Self / Family Member / Neighbor / Roommate / Friend. **(Please circle one)**

Your pet will **only** be released to the person(s) specified above.

Signature of Owner or Responsible Agent

Countryside Animal Clinic Attendant's Signature