

WHITE OAK ANIMAL HOSPITAL  
BOARDING CHECK-IN SHEET

PET'S NAME \_\_\_\_\_ CHECK IN DATE \_\_\_\_\_ CHECK OUT DATE/TIME \_\_\_\_\_

EMERGENCY CONTACT / PHONE NUMBER \_\_\_\_\_

WE RECOMMEND HAVING YOUR PET BATHED OR GROOMED (FOR ADDITIONAL COST) PRIOR TO PICK UP  
TO INSURE HE/SHE GOES HOME CLEAN AND

BATH \_\_\_\_\_ OR GROOMING\* \_\_\_\_\_

\*(ALL GROOMINGS INCLUDE: BATH, EAR PLUCK (BREED SPECIFIC), NAIL TRIM, ANAL GLANDS EXPRESSED)

GROOMING INSTRUCTIONS: \_\_\_\_\_

\*\* SOME PETS ARE VERY DIFFICULT TO GROOM, THIS MAKES IT EXTREMELY HARD FOR OUR GROOMERS TO GIVE YOUR  
PET A QUALITY GROOMNG. IF THIS OCCURS, MAY WE HAVE PERMISSION TO SEDATE YOUR PET? YES \_\_\_\_\_ NO \_\_\_\_\_

YOUR PET MUST BE CURRENT ON ALL REQUIRED VACCINES AT TIME OF BOARDING.

YOUR PET WILL BE TREATED FOR FLEAS/TICKS, IF NOTED AT DROPOFF. COST \$ \_\_\_\_\_

CANINE:

VACCINES REQUIRED\* - RABIES \_\_\_\_\_ DISTEMPER/PARVO \_\_\_\_\_ BORDETELLA \_\_\_\_\_

\*ALL VACCINES ARE ACCOMPANIED BY A WELLNESS EXAM AND FEE \_\_\_\_\_ COSTS\$ \_\_\_\_\_

VACCINES & YEARLY LABWORK RECOMMENDED – K9 FLU \_\_\_\_\_ HEARTWORM TEST \_\_\_\_\_

FELINE:

VACCINES REQUIRED\* – RABIES \_\_\_\_\_ FELINE DISTEMPER \_\_\_\_\_

\*ALL VACCINES ARE ACCOMPANIED BY A WELLNESS EXAM AND FEE \_\_\_\_\_ COST\$ \_\_\_\_\_

ADDITIONAL SERVICES TO BE PERFORMED: \_\_\_\_\_

GROUP PLAYTIME (DOGS ONLY): COST \$ \_\_\_\_\_ FREQUENCY \_\_\_\_\_

BOARDING INFORMATION:

1.) MEDICATIONS AND DOSAGES TO BE ADMINISTERED: COST PER NIGHTS \_\_\_\_\_

2.) FEEDING INSTRUCTIONS:

-SPECIAL DIET \_\_\_\_\_

-AMOUNT FED \_\_\_\_\_

-HOW OFTEN \_\_\_\_\_

3.) PERSONAL ITEMS LEFT WITH YOUR PET\*\*:

**\*\*WHITE OAK ANIMAL HOSPITAL IS NOT RESPONSIBLE FOR LOST OR DAMAGED ITEMS.**

4.) MAY WE GIVE YOUR PET TREATS DURING HIS/HER STAY? \_\_\_\_\_

MEDICAL QUESTIONS:

I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ GIVE PERMISSION FOR WHITE OAK ANIMAL HOSPITAL TO PERFORM ANY NECESSARY  
TREATMENTS SHOULD ANY ABNORMALITIES (I.E. DIARRHEA, EAR INFECTION, SKIN INFECTION,  
EXTERNAL/INTERNAL PARASITES) ARISE FOR THE DURATION OF MY PET/PETS STAY. I ALSO UNDERSTAND THAT I  
WILL BE HELD FINANCIALLY RESPONSIBLE FOR THE COST OF ANY TREATMENTS.

I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ GIVE PERMISSION FOR WHITE OAK ANIMAL HOSPITAL TO TREAT MY PET IN THE EVENT  
A LIFE-THREATENING EMERGENCY ARISES DURING MY PET/PETS STAY. I ALSO UNDERSTAND THAT EVERY  
REASONABLE ATTEMPT WILL BE MADE TO CONTACT ME REGARDING MY PET/PETS TREATMENT. IN THE EVENT I  
CANNOT BE REACHED, I WILL BE FINANCIALLY RESPONSIBLE FOR THE COST OF ANY TREATMENTS.

SIGNATURE OF OWNER / AUTHORIZED AGENT \_\_\_\_\_

WHO WILL BE PICKING UP YOUR PET? \_\_\_\_\_