

**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 ENSURE HE/ SHE GOES HOME CLEAN

BATH _____ OR GROOMING* _____

*All groomings include: bath, ear pluck (breed specific), nails 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 grooming. 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 _____ Bordetella _____

*All vaccines are accompanied by a wellness exam and fee _____ Costs _____

Vaccines & yearly labwork recommended: Distemper/ Parvo _____ K9 Flu _____ Heartworm Test _____

FELINE:

Vaccines required* rabies _____

*All vaccines are accompanied by a wellness exam and fee _____ costs _____

Vaccines & yearly labwork recommended: Feline Distemper _____

Additional services to be performed: _____

Boarder/ playtime (dogs only): Cost \$ _____ Frequency _____

Group playtime (dogs only): Cost \$ _____ Frequency _____

BOARDING INFORMATION:

1. Medications and dosages to be administered: _____

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's stay. I understand that I will be held financially responsible for 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's stay. I also understand that every reasonable attempt will be made to contact me regarding my pet's treatment. In the event I cannot be reached, I will be held responsible for the cost of any treatments.

SIGNATURE/ AUTHORIZED AGENT: _____

WHO WILL BE PICKING UP YOUR PET? _____