

BOARDING CHECK-IN

Owner's name: _____

Emergency Contact During Stay/ Phone # _____

Alternate Emergency Contact or Email _____

Pet name(s): _____

Pick Up Date: _____ AM PM

If boarding multiple pets, should they stay together or separately? _____

Medication Administration: (Must be in original container)

List medications and directions: (We will default to original printed directions if not able to verify any change in directions on Prescription medications)

1. _____

2. _____

3. _____

Special diet? (If not provided, we will dispense the closest diet we have available and put it on your account)

➤ Feeding instructions: _____

OPTIONAL SERVICES AVAILABLE AT ADDITIONAL CHARGE:

Dismissal Bath (approx \$30) YES NO

If you want your pet bathed, please know that your available pickup time will be later. We will call when they are ready. Bath includes nail trim and ear cleaning.

➤ Requested pickup time: _____

All vaccinations must be up to date to board at this facility. If pet(s) are not current on vaccines, we will vaccinate them at drop off. Please provide proof of vaccines at this time to avoid additional charges. Vaccines more effectively protect your pet when they are done 14 days prior to arrival. However, we will vaccinate at drop off. We require Rabies, Distemper-Parvo-Lepto combination vaccine, and Bordetella (Kennel Cough) annually for dogs. Rabies and FVRCP annually for cats.

Is your pet on heartworm prevention? _____ What type? _____

Has your pet had a negative fecal (intestinal parasite check) within 12 months? _____

MEDICAL SERVICES REQUESTED AT ADDITIONAL CHARGE: (Circle if needed)

Physical Exam Specific Problem: _____

Fecal Exam Heartworm test Update Vaccinations as directed above

Other: _____

Please list anything you brought to keep with your pet:

PLEASE DO NOT LEAVE COLLARS AND LEASHES WITH YOUR PET

As well as providing boarding services, we also offer veterinary services. This gives your pets a unique opportunity to have access to immediate veterinary care and supervision should they need it during their stay. For this reason, we require a plan to be in place so we can honor your medical wishes.

As comfortable and healthy as your pet may seem, being away from home is always a stressful event. That stress can trigger underlying medical issues. There are a wide range of possibilities from minor medical issues such as diarrhea, to life threatening conditions such as bloat or urinary obstructions. Please remember that these situations are rare, but because we have experienced them in the past, and we do have access to veterinary care, we will address them as deemed appropriate by our medical staff. We will not allow any animal to suffer while in our care.

We will always attempt to contact you immediately. In the event that we cannot reach you or your emergency contact, we require a plan to be in place so we can care for your pet as you would choose if you were here.

Having read and understood the information above, I agree to the following plan (please select one):

If I or my emergency contact cannot be reached, I authorize Cloverleaf Animal Clinic to treat my pet:

Up to \$_____ in treatments and medications.

As if it were our own. I agree to any and all fees necessary for any treatment including minor treatment and lifesaving measures if necessary.

Signature

Date