

OFFICE USE
CHART # _____
CK'D IN BY _____
(KENNEL ATTENDENT)
CAGE SIZE _____

Park Animal Hospital
BOARDING CHECK-IN AUTHORIZATION

TODAY'S DATE: _____ PICK-UP DATE: _____

YOUR NAME: _____ PET'S NAME: _____

EMERGENCY CONTACT NAME: _____ PH# _____

- IS YOUR PET CURRENT ON VACCINES? YES NO
WE REQUIRE THAT ALL PET'S BOARDING WITH US BE CURRENT ON VACCINES AND THAT PROOF IS PROVIDED. IF YOU PET IS DUE WE WILL BE HAPPY TO VACCINATE HIM/HER FOR YOU.
- FOOD PREFERENCE:
WE FEED SCIENCE DIET MAINTENANCE AND CNM EN (TO HELP PREVENT GI UPSET)
 DRY CANNED COMBINATION
DID YOU BRING YOUR OWN FOOD? YES NO
FEEDING INSTRUCTIONS:

- IS YOUR PET ON ANY MEDICATIONS: YES NO
IF YES PLEASE LIST MEDICATIONS & INSTRUCTIONS:

☞ THERE IS A CHARGE OF **\$3.75** PER DAY TO MEDICATE YOUR PET DURING THEIR STAY.

- WE PROVIDE BLANKETS AND BEDDING FOR YOUR PET. DUE TO THE FREQUENCY WE CHANGE THEIR BEDDING WE ASK THAT YOU DO NOT BRING ANY BLANKETS OR BEDDING FOR THEM. WE DO ENCOURAGE A FAVORITE TOY.
 - PLEASE LIST ANY BELONGINGS BROUGHT ALONG WITH YOUR PET:
- _____
- WOULD YOU LIKE ANY OTHER SERVICE OR PROCEDURE DURING YOUR PET'S STAY WITH US?

I HEARBY CONSENT TO NECESSARY SYMPTOMATIC MEDICAL TREATMENT FOR MY PET(S). THIS YES NO
MAY INCLUDE BUT NOT LIMITED TO DIARRHEA, VOMITING, ETC...

IN THE EVENT OF AN EMERGENCY SITUATION I AUTHORIZE THE DOCTORS TO PERFORM THE YES NO
NECESSARY PROCEDURES. I UNDERSTAND AN EFFORT TO CONTACT ME WILL BE MADE AT THE
EMERGENCY NUMBER PROVIDED ABOVE. (NOT TO EXCEED \$ _____)

I AGREE TO ACCEPT FINANCIAL RESPONSIBILITY FOR CHARGES INCURRED DURING MY PET'S YES NO
STAY.

I UNDERSTAND THAT THE BOARDING COST PER NIGHT IS \$ _____ YES NO

_____ SIGNATURE OF OWNER OR AGENT

_____ STAFF WITNESS