

# Grants Mill Animal Hospital

## Boarding Check-In Form

Owner's name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Pet's name: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Who will be picking your pet up from boarding? \_\_\_\_\_

Number you can be reached at while your pet is boarding: #1 \_\_\_\_\_

#2 \_\_\_\_\_

Emergency Contact & Number: \_\_\_\_\_

### **Medical Conditions/Medications:**

Please list any medical conditions that we may need to be aware of while boarding:

\_\_\_\_\_

Please list any medications that need to be administered while boarding, include dosage and timing if not included on label: \_\_\_\_\_

Has your pet received any medications today? \_\_\_\_\_

### **Personal Belongings:**

Our clinic will supply all necessary accommodations for your pet. You may leave personal belongings, however, because some pets may soil or destroy their belongings, or they may be lost, we cannot guarantee that they will be returned. We will not replace or refund any such items that might be destroyed or lost.

Please list belongings here:

\_\_\_\_\_

Some dogs are inclined to chew or ingest objects such as bedding or blankets. Please let us know if your dog has these tendencies. Do we have permission to provide bedding for your pet? Yes\_\_ No\_\_

### **Boarding Agreement:**

In case of illness or injury, I, the undersigned, do hereby give my consent for the doctor of Grants Mill Animal Hospital to treat, prescribe for, or operate upon my pet(s) while they are being boarded. I agree to be financially responsible for any veterinary care performed. We at Grants Mill Animal Hospital will try at every attempt possible to contact you if these circumstances should arise.

I have read all of the foregoing form and agree:

Signature of Owner/Representative of Owner: \_\_\_\_\_

Date: \_\_\_\_\_