

Talega Animal Hospital Boarding Check-in

Your Name: _____ Pets Name: _____

Emergency phone number(s): _____

Boarding until: _____

Would you like your pet to have a bath or groom on exit? (additional fees apply)

Bath Groom Furminator No

If so, please pick your pet up after 4pm M-Sat. If picking up on Sunday the bath will be given on Saturday.

Would you like your pet to be examined by the doctor? YES NO

For? _____

Would you like your pet to have a Dental cleaning? YES NO

IF YES, PLEASE ASK FOR AN ESTIMATE, ONE CAN BE GENERATED IN 24 HOURS.

All patients are treated with Capstar® upon arrival.(A flea treatment.)

What type of food do you feed your pet? _____

Did you bring your own food? YES NO

If not we will feed the appropriate Science Diet dry food (does NOT include prescription diet).

How many times a day do you feed your pet? _____ AM NOON PM

How much? _____ Do we need to feed your pet today? YES NO / AM NOON PM

Is your pet on any medications? YES NO Do we need to give any today? Yes No

Which doses do we need to give: AM NOON PM

what medication(s) is your pet on and how often do you give them?

There is an additional charge to administer medications.

Do you say a certain phrase for you pet to go to the bathroom? YES NO

If yes, what do you say?

Does your pet have any allergies to medications, vaccines, or foods? YES NO

If yes, what: _____

Belongings: _____

I, _____ understand that leaving any belongings, including leashes and collars, is at my own risk and I will not hold Talega Animal Hospital responsible if they become lost. I also understand that Talega Animal Hospital needs my pet to be up to date on vaccines. I give permission to Talega Animal Hospital to give my pet any vaccines that are due or are needed to board. I understand that the vaccines that are needed are: (Dogs) DHPP, Bordetella, & Rabies (Cats) FVRCP-C, Felv, & Bordetella. I give Talega Animal Hospital permission to treat my pet as needed for any medical problems that might arise while boarding with them, including emergency treatments. We will attempt to contact you prior to treatment for non emergency care.

Signature of owner or authorized agent

Date