



Boarding Check-In For Dogs

Name: _____ AMC Client # _____

Phone number where you can be reached: _____ Pick up Date _____

Emergency Contact: _____ Phone: _____

Any other numbers you would like for us to have: _____

● For the safety of our guests:
WE RESERVE THE RIGHT TO EXAMINE AND VACCINATE ANY PET WHOSE VACCINATIONS WE ARE UNABLE TO VERIFY AND TO CHARGE ACCORDINGLY.

SERVICES REQUESTED:

Vaccinations YES NO Nail Trim YES NO Heartworm Test YES NO

Would you like your pet to have a bath the day before he/she goes home? YES NO

If more than one of your pets is boarding, can they be kept together? YES NO

Does your dog chew up bedding? YES NO

Can your pet play with toys while staying with us? YES NO

Concerns: _____

Is your pet on medication(s)? (if you need more space, continue on back)

Med name: _____ How much: _____ Times per day: _____ AM / PM

Med name: _____ How much: _____ Times per day: _____ AM / PM

Feeding Instructions:

Current diet: _____ Amount per feeding _____ Times/Day _____

Can your pet have treats? YES NO

Has your pet eaten/ had its medications yet today? YES NO

What can we do to make your pet's stay more comfortable? _____

ITEMS LEFT BY OWNER: _____

I, the owner or owner's agent, **DO/DO NOT** give Animal Medical Center, PC staff permission to treat my pet should he/she require special care or life-saving procedures while boarding, in the event I cannot be reached in a timely manner. I consent to any necessary fecal exam, deworming, exam and vaccinations, flea/tick treatment, and sedation. I also agree to pay-in-full any fees for such services when I return for my pet. I have read and understand Animal Medical Center's boarding policy.

Signed: _____ OR _____

OWNER

OWNER'S AGENT

Admitted by: _____ (staff initials)