

AMERICAN ANIMAL HOSPITAL BOARDING CHECK-IN SHEET

BOARDING DROP OFF DATE _____ PICK UP DATE _____

Client's Name _____ Pet's Name _____

Age _____ Sex _____ Weight _____ (pounds)

Place an x in the following boxes if you pet is exhibiting any of these symptoms within the last 7 days:

Coughing Sneezing Vomiting Diarrhea

Good Appetite Excessive Drinking Excessive Urination

When was your pets' last meal? _____

Any additional concerns that you would like to be addressed by a doctor? _____

Phone number(s) where you can be reached: _____

Bath: Yes No

BOARDING- Our food _____ If we are going to feed your food, what brand food and type _____

Frequency of meals and amount _____

PLEASE LIST ALL MEDICATIONS THAT YOUR PET IS CURRENTLY ON. PLEASE BRING ALL MEDICATIONS WITH YOU IN THEIR ORIGINAL BOTTLES WHEN DROPPING OFF YOUR PET TO STAY WITH US. PLEASE ADVISE US IF YOU NEED ANY REFILLS OF MEDICATION WHILE YOUR PET IS WITH US.

MEDICATION NAME	INSTRUCTIONS	LAST GIVEN

Are there any special concerns while staying with us? _____

Any problems that need to be addressed by the doctor? _____

** I understand that by requesting an examination, I will be charged an examination fee as well as any fees associated to that examination. Personal belongings may not be returned, so please leave anything irreplaceable. Should my pet have any internal or external parasites, they will be treated while boarding and I will be billed accordingly.

In case of emergency, I recognize that American Animal Hospital will proceed with the necessary treatments and procedures to care for my pet.

If I am unable to pick up , I authorize _____ to pick them up. I understand that only the person mentioned above will be allowed to pick up , other than myself without exception.

Client Signature _____ Date _____