



Boarding Check-In Form

Owner's Name: _____ Pet's Name: _____

Contact Phone # and Name: _____

Name/Phone of alternative contact: _____

Check-in Date: _____ Check-out Date: _____ Time: _____

Date Flea Prevention applied: _____

NOTE: If flea prevention was not applied within 3 weeks of boarding we will apply it and charge your account.

Kennel Choice (please circle one)

Indoor

Outdoor

Suite (Indoor/Outdoor)

Feeding Instructions:

Own food

House food

Feed(amt) _____ Dry

Feed(amt) _____ Wet

Extra Services:

Extra Playtime: (Qty) _____

* A 10 minute playtime is included daily. If you would like additional play time, 15 min. sessions are available for \$9.00.

Bath Nail Trim

Please list all personal items your pet will have while boarding with us:

NOTE: All items must be clearly marked with a permanent marker.

1. _____ 3. _____

2. _____ 4. _____

NOTE: MVPC is not responsible for the loss or destruction of any personal items you leave with your pet.

Medications (Oral \$6.00/day or Injectable \$9.00/day):

Please list all medications your pet will be receiving while staying with us in the area below. Please indicate strength, how many, and how often of each medication.

NOTE: If medication requires a technician to administer an additional fee will be added.

Medications:	Once per Day	Twice per Day	As Needed	Other
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

If my pet becomes injured or ill , I authorize MVPC to provide treatment as medically necessary for the health and comfort of my pet. I also understand I will be financially responsible for all charges incurred during my pet's stay at MVPC and will pay for services upon my return. Please be aware that we do not have anyone on the premises during the night (approximately 6:30pm — 7:30am). **CHECK OUT TIME IS 12:30 PM.**

I have read this agreement and understand its terms. I agree and sign it freely.

OWNER SIGNATURE: _____ Date: _____