

BOARDING CHECK IN FORM

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

Primary Contact Phone Number: _____ Name: _____

Alt. Contact Phone Number: _____ Name: _____

Check-in Date: _____ am / pm Check-out Date: _____ am / pm

Date of last flea prevention applied: _____

(This is required for your pet to stay with us, if flea prevention has not been applied in the last 3 weeks, we will apply one for you and add said charge to your boarding bill)

Feeding Instructions:

We recommend bringing food from home as to not upset your pet's stomach with a diet change, but if you are not able to supply food from home, we can feed your pet our house diet of 'Hill's Science Diet I/D'

I will supply food ()

I would like the hospital to supply food ()

How much does your pet eat per meal?

AM: _____ cups dry and/or _____ can of wet food

PM: _____ cups dry and/or _____ can of wet food

Can we give your pet any treats? Yes () No ()

MEDICATIONS: (Oral \$7/day) (Injectable \$10.50/day)

(Please list all medications your pet will be receiving while staying with us. Please indicate the strength and quantity)

		AM	PM	Special Instructions:
1.	_____			_____
2.	_____			_____
3.	_____			_____
4.	_____			_____

EXTRA SERVICES:

Nail Trim ()

Bath ()

Ask a receptionist for the most current pricing.

A 10-minute play time is included every morning in addition to their potty breaks. Would you like to add any additional 15-minute play times for any portion of their stay? (\$11.50/session)

Yes () Qty: _____

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

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 times of 6:30pm-7:30am. **CHECK OUT TIME IS 12:30PM**, if checking out after 12:30pm, an extra boarding day charge will be added to your bill.

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

OWNER SIGNATURE:

DATE: