

BOARDING CHECK IN



PATIENT INFORMATION

Patient Name _____ Client Name _____

Arrival Date/time _____ Departure Date/time _____

EMERGENCY CONTACT: Name _____ Phone _____

This person has the authority to make all decisions related to this pet's medical care when the client cannot be reached.

INSTRUCTIONS: Diet _____ Dry Canned Supplied by: Client Clinic

Feeding Instructions _____ Begin AM PM

Yes No Bath prior to discharge? SPECIAL: 50% Off Bath with Boarding

Yes No Would you like any veterinary services performed during your pet's stay?

If so, please list: _____

Yes No Medication Administration Required?

Med: _____ Instructions _____ Begin AM PM

Med: _____ Instructions _____ Begin AM PM

Med: _____ Instructions _____ Begin AM PM

Personal items: _____

_____ I acknowledge that Memorial Drive is "flea free" boarding facility. Your pet will be treated with a one-time 24-hour flea at the owners expense.

_____ I acknowledge that the boarding checkout time is at 5:30pm each day, and if I check my pet out after 5:30pm, then I will be charged a late pick-up fee on the day of checkout. Checkout prior to 5pm will result in no charge for the day of checkout.

_____ I acknowledge that proof of vaccinations that meet the standards for sufficient protection in a commingled boarding environment are required. If proof is not provided, doctors of MDVC will administer necessary vaccines, including required physical exam, at the owner's expense.

_____ Photo and video release: We love to post pictures and videos on social media. The owner agrees to allow MDVC to use pets' names, any images, or any likeness.

_____ I acknowledge that MDVC is not responsible for lost items

Dogs (over 16 weeks)	Must be current on Rabies (1 dose), Distemper/Parvo (2 doses), Bordetella (yearly)
Puppies (12 weeks)	Must be at least 12 weeks of age and have received Rabies, Distemper/Parvo (2 doses), Leptospirosis (1 dose), Bordetella (1 dose)
Cats (over 16 weeks)	Must be current on Rabies (1 dose), FVRCP (2 doses)
Kittens (12 weeks)	Must be at least 12 weeks of age and have received FVRCP (2 doses)

If we are unable to contact you, I grant MDVC permission to treat as follows:

Treat minor issues (ear/skin/eye infections, diarrhea?) Yes or No (until reached) \$_____ Max amount authorized.

Any emergency procedures? Yes or No (until reached) \$____ Max amount authorized.

Best way to contact: Cell Phone: _____ Text Email: _____

Print _____ Sign _____

Date: _____

Charges for services, medications, and supplies are due upon discharge. Payment can be made by cash, check, or credit card.

If you neglect to pick up your pet or contact us to extend boarding stay and we are unable to contact you with reasonable effort, pets are considered abandoned after 10 days. If abandoned, we reserve the right to make arrangements for the pet as we deem necessary. I release MDVC from all liability and have read and do understand this form.