

**Angel Animal Hospital Boarding Check -In Form**

Dates your pet will be boarding:

Arrival: \_\_\_\_\_

Departure: \_\_\_\_\_

Total Nights \_\_\_\_\_

**BATHS: please read carefully:**

**Baths are complimentary *IF your pet is staying 7 nights or longer*, otherwise, if you would like your pet to have a bath during their stay with us, the charges are as follows and are based on your pets weight:**

**Under 20lbs- \$29.41 20-40lbs-\$35.70, 41-80lbs-\$40.96, Over 80lbs- \$44.10**

Would you like your pet to have a bath? Y      N

**If yes, I would like my pets bath done:**

Day before pickup-  (We do not give baths on Sunday if pick up is on Monday.)

Day of pick up-  (we request you pick up after 12pm to allow staff time to bathe and dry your pet)

**FEEDING INSTRUCTIONS:**

How many times a day does your pet eat? 1 time/day  AM or PM? \_\_\_\_\_ **OR** 2 times/day

How much does your pet eat per meal? \_\_\_\_\_ cup(s) \_\_\_\_\_ can(s)

If feeding both wet and dry do you mix them together? Y   N

Are you providing your pet's own food? YES  NO

**If yes, what brand/kind:** \_\_\_\_\_

Other specific feeding instructions: \_\_\_\_\_

Has your pet been fed today? Y      N      What time is next meal due? \_\_\_\_\_

**HEALTH CONCERNS:**

Does your pet have any pre-existing conditions we should be aware of? Y      N

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS:** (There is a charge of \$4.20 per day for up to 3 medications, and \$8.40 per day for more than 3)

Is your pet on medications? Y   N (if yes please fill in below)

1. **Medication name:** \_\_\_\_\_ **Strength (mg)** \_\_\_\_\_

**Instructions:** Give \_\_\_\_\_ tablet(s) or \_\_\_\_\_ mls (if liquid) Times per day : \_\_\_\_\_

Specific Time? \_\_\_\_\_ With food? Y N

Special Instructions? \_\_\_\_\_

2. Medication name: \_\_\_\_\_ Strength (mg) \_\_\_\_\_

Instructions: Give \_\_\_\_\_ tablet(s) or \_\_\_\_\_ mls (if liquid) Times per day : \_\_\_\_\_

Specific Time? \_\_\_\_\_ With food? Y N

Special Instructions? \_\_\_\_\_

3. Medication name: \_\_\_\_\_ Strength (mg) \_\_\_\_\_

Instructions: Give \_\_\_\_\_ tablet(s) or \_\_\_\_\_ mls (if liquid) Times per day : \_\_\_\_\_

Specific Time? \_\_\_\_\_ With food? Y N

Special Instructions? \_\_\_\_\_

4. Medication name: \_\_\_\_\_ Strength (mg) \_\_\_\_\_

Instructions: Give \_\_\_\_\_ tablet(s) or \_\_\_\_\_ mls (if liquid) Times per day : \_\_\_\_\_

Specific Time? \_\_\_\_\_ With food? Y N

Special Instructions? \_\_\_\_\_

**FLEA/ TICK PREVENTION:** Brand: \_\_\_\_\_  
Date Last applied / given \_\_\_\_\_

**Do you have any special requests while your pet is with us? (check ears, anal glands, etc...)**

**PLEASE NOTE!**

**\*\*\*\*We DO NOT perform annual or semi-annual exams while your pet is boarding. They will need to be current on these exams. Any additional requests will be charged accordingly.\*\*\*\***

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Please read the following policies carefully before initialing:**

**Parasite Policy:** Pets admitted to our facility must be free of internal and external parasites including intestinal worms, fleas, ticks, and mites. All pets must receive an oral OR topical parasite control prior to checking in for boarding. If parasites are discovered, your pet will receive a dose of CAPSTAR, an oral flea preventative which is safe to use even if other topical flea/tick prevention has been applied. The charge will be \$7.68.

**Initial:**

**Vaccination Policy:** In order to protect the health of your pet, all pets being admitted to

Angel Animal Hospital & Boarding are required to be current on all vaccinations. It is your responsibility to provide current records of vaccinations. **If any of your pets' vaccinations or exam are past due, they must be inoculated or examined prior to admittance.** Pets that are so young that they have not completed their entire series of vaccinations may not yet be protected and, thus, owners accept any risk of infection.  
**•Dogs:** Rabies, DHPP, 1 Yr. Bordetella ; intestinal parasite examination within one year.  
**•Cats:** Rabies, FVRCP.

**Initial:**

**Pet Belongings:** Angel Animal Hospital & Boarding asks that you limit the items left with your pet to collars/leashes and food/treats/medications. **We will not accept toys, bowls, beds and blankets** too often these do not make it home in one piece. We apologize for the inconvenience. We do provide plenty of beds, blankets and toys for your pet to enjoy during his/her stay.

**Initial:**

**Additional Food Policy:** If your pet does not eat his or her regular diet AAH will add canned food ( EN or i/d) in order to entice your pet to eat. I understand additional food added will be charged to my account and will be paid for upon my pets departure from AAH.

**Initial:**

**CONSENT FOR TREATMENT:**

***\*In the event additional treatments, tests, or medications are needed, I elect AAH to :  
 (Circle only ONE)***

- a. Contact me prior to any additional charges, or***
- b. Do not contact me- I authorize AAH to preform treatment up to \$\_\_\_\_\_ .00  
 If this limit is to be exceeded we will contact you.***

***\*I am the owner or agent for the above described animal. I assume financial responsibility for all charges incurred to the above patient and agree to pay all such charges when the animal is released from the hospital. In the event of a medical emergency please note treatments will be rendered and the cost will be the responsibility of the client.***

**Client Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Primary Contact Name:** \_\_\_\_\_ **Contact**  
**Number:** \_\_\_\_\_ **or** \_\_\_\_\_

**Alt. Contact Name:** \_\_\_\_\_ **Contact**  
**Number:** \_\_\_\_\_ **or** \_\_\_\_\_

***IN THE EVENT OF AN EMERGENCY:***

Should, based on the medical judgment of an Angel Animal Hospital Veterinarian, my pet named {NAME} require cardiopulmonary resuscitation (CPR), including cardiac compression, positive pressure respiration, emergency drugs, or other heroic interventions, I **request (initial)**\_\_\_\_\_ **or decline (initial)**\_\_\_\_\_ that the doctor(s) at Angel Animal Hospital pursue such medical care as indicated below. **I have been informed by Angel Animal Hospital that less than 5% of animals that require CPR will survive to be discharged from the hospital.** I understand that despite the best efforts of the veterinarians and staff at Angel Animal Hospital CPR may not save my pet's life. I also understand that even the most successful CPR that restores my pet's life may not allow my pet to regain his/her normal mental and physical health and, thus, may leave him/her as an invalid.

I agree that after exercising reasonable medical judgment, and a veterinarian determines that there appears to be virtually no hope for medical success, further CPR procedures will cease.

**I agree to the above terms and request Cardiopulmonary Resuscitation (CPR) be performed on my pet.**

Owner's Signature (**REQUEST CPR**)\_\_\_\_\_

**OR**

**I decline Cardiopulmonary Resuscitation (CPR) be performed on my pet.**

Owner's Signature (**DECLINE CPR**)\_\_\_\_\_

Do not write below this line- hospital staff only

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