



Cypress Falls Animal Hospital
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BETTY HALBROOK, DVM

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Boarder Check-In Form

Owner's Name: _____ Emergency Phone #: _____

Pet's name: _____ Pet will be boarding from _____ to _____ (date) _____ (time)

Pickup is during regular business hours only. No special arrangements will be made for after-hours pickups

Who else is authorized to pick up your pet? Name: _____ Phone #: _____

Did you bring any additional items for your pet? (Ex. toys, leash, carrier, food, etc.)

Please list: _____

Medications

Is your pet on medication at this time? **Yes / No** (If yes- list meds & dose instructions)

**There is a \$3/day administration fee.*

All medications must be in their original over the counter or Rx bottles

Medication

Dose

Instructions

Diet

Did you bring food for your pet? **Yes / No** If yes, what brand/flavor _____

If no, we feed a high quality prescription diet designed to minimize the risk of diet change & stress-related stomach upset.

Feeding instructions (how much, how often, etc): _____

Flea Prevention

Is your pet on flea and/or tick prevention? **Yes / No** If yes, please list type and date of last treatment.

(Ex: Advantage applied last Saturday): _____

****Any pet that has fleas or ticks when dropped off will be treated at the owner's expense****

Bathing/Grooming **Note: dogs boarding 5 nights or more will receive a complementary bath (nail trim and ear cleaning not included)** ****Due to high demand, complementary baths will NOT be done during holiday stays****

Would you like your pet to have a full bath (bath, ear cleaning, nail trim and anal gland check) or be groomed (hair cut and full bath) while staying with us? **Full Bath / Groom / No extras**

Are there any other special instructions you would like us to know for the health & well-being of your pet?

(Medical conditions, food allergies, aggressive behavior, thunderstorm anxiety, etc.)

Please note that for your pet's protection, all animals must be current on all vaccinations as per our hospital policy, and we must have a hard copy of vaccine records on file before your pet can stay in our clinic.

Owner/Agent Signature: _____ Date: _____