

Sheeler Road Animal Hospital – Boarding Check-in Information

Date _____

Owner's Name: _____

Pet's Name: _____

Board Together? Same Cage/Run: _____

Emergency Contact Name _____ Phone _____

Authorized person(s) to pick up your pet: _____

Required Vaccines

Dogs: **Rabies**
DHLP-Parvo (distemper)
Bordetella (kennel cough)

Cats: **Rabies**
FVRC-C (distemper)

A licensed veterinarian must have administered the above vaccines.
Bordetella must have been administered within the past 6 months

Pets can only be picked up during normal business hours

Pick up date: _____ a.m. p.m. Bath before pick up: Yes No

After Bath Apply: Advantage Frontline Other

FEEDING INSTRUCTIONS

Dry Can Mixed Own Food 2x 1x AM or PM free choice

Amount	Can: _____
To Feed:	
	Dry: _____

MEDICATIONS or SPECIAL INSTRUCTIONS: _____

*Does your pet suffer from anxiety due to thunderstorms or loud noises such as fireworks? YES NO
*If yes, do you give permission to medicate your pet to aid with the condition while boarding? YES NO

If your pet has fleas or ticks, your pet will be bathed and/or treated with a topical treatment at your expense.

I understand the above conditions and also authorize any medical treatment required during boarding.

FOR OFFICE USE ONLY: _____

Signed _____

Date _____

******For office use only – entrance and exit exam******

Pets Name _____

Check in

Weight _____ Nail Trim _____

Ears _____ Eyes _____

Teeth/ Mouth _____ Skin _____

Hair loss: yes no if so where? _____

Bath: yes no Fleas: yes no

Flea Treatment applied: yes no _____

Technician/Doctor _____

Check out

Weight _____ Nail Trim _____

Ears _____ Eyes _____

Teeth/Mouth _____ Skin _____

Hair loss: yes no if so where? _____

Bath: yes no Fleas: yes no

Flea Treatment applied: yes no _____

Technician/Doctor _____