

**England Run Veterinary Clinic
Boarding Check-In Form**

Client Name: _____ Pet Name: _____

Boarding Dates From: _____ To: _____

I understand my pet must be **current on vaccinations** to board. If proof of vaccinations is not presented at the time of boarding, the vaccinations will be given. Pets presented with fleas or ticks will be treated upon admission. I understand I will be charged for these services.

If my pet **becomes ill or an emergency arises while boarding**, I authorize England Run Veterinary Clinic to perform the diagnostics and treatments medically necessary for the health and comfort of my pet during boarding. If the charges for these services exceed \$40.00, every attempt will be made to contact me. However, necessary services will not be withheld if I am unreachable. For charges less than \$40.00, no attempt to contact me will be made. **I will be financially responsible for the services rendered.**

Changes to above statement - please leave specific instructions if you want emergency situations to be handled differently than stated above: _____

Pets boarded for 5 nights or longer will be given a complimentary bath, unless special circumstances dictate otherwise, i.e. older cats, aggressive animals, etc. If your pet is boarding fewer days, and you would like a bath done, this is available for a reduced price. These do not include clipping, dematting, or other grooming services.

Please list any **medications and heartworm preventative** your pet is currently taking, the dosage, and how often administered.

DRUG	DOSAGE	TIMES/DAY	BROUGHT MEDS?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

There will be a \$2.50 charge per day per pet for administering medications. Daily HW medication not included.

Special problems/conditions for us to be aware of: _____

Feeding Instructions - How much, type, how often: DRY _____
CANNED _____
Special Diet _____

We request that no personal items be left with pets due to our strict sanitation procedures in boarding areas.

EMERGENCY CONTACT INFORMATION:(must be filled in!)

Name: _____ Phone: _____
Name: _____ Phone: _____

My pet will be picked up on _____ at approximately (time) _____ by the following person: _____ **For safety reasons, pets will be released only to this person(s).**

DOG OWNERS: MY DOG CAN BE RELEASED TO RUN IN 6' FENCED AREA WITHOUT SUPERVISION Yes No

OWNERS SIGNATURE: _____ DATE: _____