

Rock Veterinary Clinic Boarding Check-In Form

Pet's Name:	Kennel #:
Check In Date:	Check Out Date:
Owner's Name:	Phone #:
Emergency Contact:	Phone #:

Vaccinations Needed: NO YES **Rabies** **Distemper** **Kennel Cough**

Flea/Tick Medication: NO YES Product: _____ Date given: _____
(Applied in the last 30 days)

- We require all pets to be up to date on these vaccinations and flea/tick control. It's for our safety and the safety of all the pets staying with us. Vaccinations and flea/tick medications given will be added to your account.
- **For RVC Staff** ➔ Date vaccinations were completed: _____ Initials: _____

Diet:

Dry Food:	Amount to Feed:	Times per day:
Canned Food:	Amount to Feed:	Times per day:
Treats:	Special Instructions:	

Medications: \$4 fee per day will be added to your account

Medication:	Amount:	Times per day:
Medication:	Amount:	Times per day:
Medication:	Amount:	Times per day:

Behaviors:

Anxiety: Y N	Aggression: Y N	Biting: Y N
Shyness: Y N	Phobias: Y N	Other:

Personal Belongings:

Bed/Blanket Leash Food Treats Toys Dishes

Special Instructions:



Rock Veterinary Clinic

**1295 101st St.
Luverne, MN 56156
507-283-9524**

I understand that this boarding facility agrees to exercise all due and reasonable care to prevent injury or illness to my pet. However, in the event of illness or injury, the owners and employees of this boarding facility shall not be held personally liable for such injury, illness, or in an extremely rare case, death.

I understand that in the case of an emergency with my pet, the staff at Rock Veterinary Clinic will notify me immediately. However, if they are unable to reach me at the given number they will contact my emergency contact I provided and he/she will have to make sound judgements for my pet. (Please notify your emergency contact when your pet is staying with us to inform him/her of this expected responsibility.)

I further agree to pay Rock Veterinary Clinic for all veterinary and other necessary services incurred by and for my pet during its stay in this facility.

I understand that my pet may not leave the premises until all charges are paid in full. I understand that any pet left for fifteen days beyond the agreed date of pick-up is considered abandoned and necessary steps will be taken to turn the pet over to the proper authorities.

Your signature acknowledges your awareness and acceptance of our policies, for this and all future visits. Thank you for your trust in allowing us to care for your pet, a member of your family and ours.

Signature: _____

Date: _____