

Boarding Check-In Sheet



Date: _____

Pet's Name: _____

Boarding Dates: _____

Is pet current on HW and flea prevention Type(s): _____

*****If fleas are seen on pet, Capstar (flea treatment) will be administered at an additional cost*****

Is pet taking any medications? _____

My pet will be eating:

Food provided by owner

In-house food (Hill's Science Diet Sens. Skin/Stomach)

How much and how often? _____

Does pet have any allergies or food/treat sensitivities? _____

Has pet been eating and drinking normally? _____

If your pet is not eating normally during boarding due to stress, excitement, or being somewhere they are not familiar with, we may add some of our in-house wet food to their diet

Has there been any vomiting, diarrhea, coughing, or sneezing? _____

Does your pet show any signs of the following: Please circle if applicable (Y / N)

*** Food Aggression / Cage Aggression / Dog Aggression / Toy Aggression ***

Is pet limping or showing any signs of pain? _____

*****If pet develops any symptoms during stay, you could be called to discuss the need for examination by the doctor and/or treatments*****

Does pet need to be examined/treated by a doctor during their stay? (Y / N)

** Please list problems/concerns: **

Text reminders: Y / N

Signature: _____ **To be signed at the time of check in**

Printed Name: _____

Phone #: _____

Emergency #: _____

Pick-up Day: _____

Pick-up Time: _____

Thank you so much for trusting the staff of Dames Point Animal Hospital to care for your pet while you are away!

*****DO NOT FILL - FOR DPAH STAFF TO FILL OUT AT THE TIME OF CHECK IN *****

This boarder has been checked in by: _____

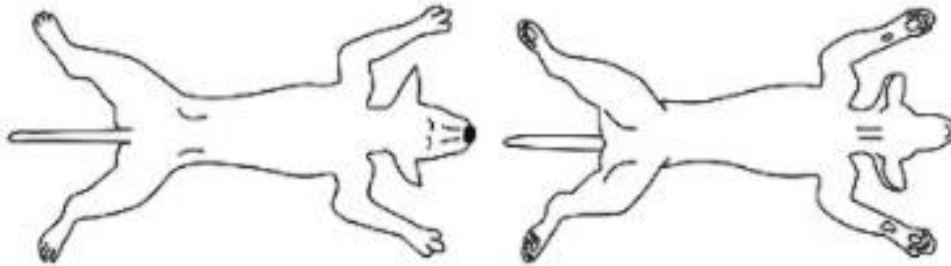
Boarder has been checked for any fleas/ticks: (Y / N)

Boarder has been checked for any mobility concerns: (Y / N)

Boarder has been checked for scratching/chewing/licking/hotspots: (Y / N)

Boarder has been checked for lumps: (Y / N)

Should there be a medical concern, please fill out the chart below with the location/symptom to help aid doctor and technician during the time of exam.



IF THIS PET HAS ANY BELONGINGS, PLEASE FILL OUT BELOW ALONG WITH A DESCRIPTION:

	Y/N	Name/Description
Food/Treats		
Medications		
Leash		
Collar		
Toys/Blankets		

This form was reviewed by: _____