

Thank you for boarding with Animal Practice of Marion. Please fill out the following information sheet so we can best serve you and your pet's needs.

Owner Information

Name _____

Address _____

Phone number _____

Email address _____

Pet Information

Name _____

Age _____

Breed _____

Sex _____

Vaccine History (required not optional)

We **REQUIRE** the following vaccines be up to date. If your pet is up to date simply fill in the dates of last vaccines. **VACCINATIONS ARE NOT OPTIONAL.** Proof must be provided or pets will be vaccinated **ON SITE** for the protection of your pet as well as other pets boarded.

DHPP _____

Rabies _____

Kennel Cough _____

While your pet is boarding, would you like any of the following services:

Heartworm test	Yes/	No
Fecal examination	Yes/	No
Bath (nails and anal gland expression included)/Grooming	Yes/	No
Nail trim only	Yes/	No

Feeding

Did you bring your own food? Yes/ No

Feeding Instructions:

If your pet does not eat within 24 hours of drop off a wet or canned food will be offered to your pet to ensure proper feeding in your absence. The additional charge will be added to the bill. INTIAL _____

We will feed Science Diet or iVet food if you do not bring your own food.

Medication Policy

If your pet is on a daily medication we will administer as long as the medication is provided. There is a daily charge for administering medications (\$1.50). If for any reason there is a medication that needs to be given after hours there is an additional fee per day (\$5.00). INTIAL _____

Diarrhea Policy

If your pet experiences some trouble with diarrhea some medical attention may be needed; this could include fecal if suspected a parasite is to blame, de-wormer, and/or medication. The additional charges will be added to your bill. INTIAL _____

Bathing Policy

We do offer bathing or grooming services as an option that can be scheduled at time of drop-off. However, if your animal has an accident and requires bathing, a bath will be given at owner's expense. INTIAL _____

Parasite Policy

If we notice any parasite on your pet during his/her stay, we will treat accordingly at your cost to prevent the spread of disease. INTIAL _____

Destruction of Property

If your pet destroys any property above and beyond normal wear and tear during their stay the owner will be held responsible for any damages. INTIAL _____

Personal Property

If you wish to leave your pet some personal items such as bed, toys, chew and/or treats Animal Practice of Marion is not responsible for these items. These items must be labeled and documented in the release form. If the item is lost/destroyed during their stay Animal Practice is not liable for replacement or reimbursement of these items. Some pets handle stress in different ways and a dog that might not chew his bed at home could under stress of boarding decide to chew his bed. INTIAL _____

We offer Sunday afternoon pick up from 5:00 pm

Estimated day of pick up _____

Is anyone else authorized to pick up your pet? _____

If so, who? _____

Please sign, indicating that you have read our boarding agreement, understand the policy and agree to it

TO BE FILLED OUT BY EMPLOYEE

Did you check animal for fleas and ticks?

Ticks present?

Fleas present?

If yes, did you treat animal and charge it out?

Did you ask owner when last flea/tick treatment was applied?

Does animal need KC? If so, did you give it and charge out?

Did you ask about additional services (bath, hwt, vaccines, fecal, ect...)?

Did you schedule additional services on calendar (grooms, baths)?

Did you enter past vaccine hx in computer? If they brought vaccine records they need to be entered into computer.

Did you list belongings on daily log sheet that goes on clipboard?

Checked in by: _____

Name <first-and-spouse> <last-Name> Phone Number <phone>							<animal> <species> <breed> <age> <sex-name>							
Feeding Instructions							Drop Off <date> Pick Up							
Additional Services							Belongings							
Medical Concerns							S-Soft D-Diarrhea B-Bloody N-Normal S-Shy F-Friendly H-Hyper A-Aggressive L-Lethargic							
Medications:														
	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Meal														
BM/U														
Attitude														
Cleaned														
<u>Meds:</u>														

Notes: