

# Sheeler Road Animal Hospital – Boarding Check-in Information

**Required Vaccines:** Dogs: Rabies, DHLPP-Parvo, Influenza, Bordetella (kennel cough). Cats: Rabies and FVRCP  
Patients must be up to date on the above vaccinations according to AAHA guidelines. Vaccines must be administered by a licensed veterinarian. Bordetella must have been administered within the past 6 months.

Drop Off Date: \_\_\_\_\_ Pick Up Date: \_\_\_\_\_ A.M.  P.M.

***Pets can only be picked up during normal business hours- Mon-Fri 7:30am-5:30pm&Sat 8am-noon.***

Owner's Name: \_\_\_\_\_ Pet's Name(s): \_\_\_\_\_

Authorized Person(s) to pick up your pet: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If possible, provide a number to reach you: \_\_\_\_\_

Email address (in applicable): \_\_\_\_\_

If dropping off multiple pets would you like them housed in a kennel/cage together: **Yes**  **No**

**I understand that pets in the kennel environment can behave differently than at home and accept complete responsibility should my pets have an altercation with each other while boarding. I understand that should an altercation happen my pets will be treated by our veterinarians and separated for the remainder of their stay. I assume financial responsibility for any additional charges related to my pet(s) treatment and additional boarding fees.** \_\_\_\_\_  
(initial here)

If time allows would you like your pet to be bathed or groomed before pick up: **Yes**  **No**

If Grooming: Same as previous  Use groomer's discretion  Different from last time/1<sup>st</sup> time grooming

Phone number and best time for groomer to contact you if 1<sup>st</sup> time groom: \_\_\_\_\_

**FEEDING INSTRUCTIONS:** Dry  Can  Own Food  2x  1x  AM or PM

Feeding Amount in cups or cans: \_\_\_\_\_

Note: Some pets are reluctant to eat in new environments. If your pet is a reluctant eater do we have permission to use Enticements such as canned food, baby food or chicken? **Yes**  **No**

Does your pet have any food allergies, if so please list: \_\_\_\_\_

**Medical Condition(s) we should know about:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**Medication(s):** \_\_\_\_\_

**Belongings:** \_\_\_\_\_

Please Note: We take all reasonable care of personal items you leave with your pet; however, we cannot be held responsible for loss or damage.

**\*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 at your expense.**

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

FOR OFFICE USE ONLY: \_\_\_\_\_

Signed

Date