

**Monroe Animal Care Hospital, P.C.
Boarding Sign In**

Owner Name: _____ Check In: _____ Check Out: _____

	PET 1	PET 2	PET 3
NAME			
SPECIES			
BREED			
DESCRIPTION			
AGE			
SEX			
MEDICAL ALERT			
MEDICATIONS, INSTRUCTIONS, AND WHEN NEXT DOSE IS DUE			
DIET AND INSTRUCTIONS			
ITEMS BEING LEFT			
DATE OF LAST FLEA TREATMENT			

Boarding Amenities

Boarding includes appropriate housing, food (Hill's Science Diet Sensitive Stomach), water, bowls, bedding, and playtime for your pet(s). If you choose, you may bring your own food, toys and bedding.

Boarding Requirements

All boarded pets must have a current Rabies Vaccine.

Dogs

- Canine Distemper Combo (DHPP)
- Bordetella
- Intestinal Parasite Screen

Cats

- Feline Distemper Combo (FVRCP)

Check-Out Time – 10:00AM

Pets boarded after 10:00AM on the scheduled day of pick up will incur a boarding fee for that day. Pets may be picked up during normal business hours.

ALLERGIES

MEDS

NO STAIRS

OWN FOOD

Services to perform for your pet(s) while boarding:

YEARLY	BATH
EXAMINATION	HEARTWORM TEST
INTESTINAL PARASITE SCREEN	FLEA TREATMENT: REFILL? APPLY?
CANINE/FELINE DISTEMPER	HEARTWORM PREVENTION: REFILL? ADMIN?
BORDETELLA	OTHER MEDICATION REFILL:
OTHER:	

Check-In Technician Examination

All pets will be examined by a technician shortly after check-in. The technician will examine your pet(s) for any sign of external or internal parasites and any other potential medical issues (i.e. ear infection, skin infection, etc...). If the technician determines your pet is in need of flea/tick treatment or de-worming, services will be provided for a fee. If the technician determines your pet should be examined by a doctor, we will attempt to contact you at the number provided on this form. If we are unable to contact you for approval, examination and medical services will be provided for the health and well-being of your pet while boarding. A complimentary nail trim is provided with this service.

Authorization

The undersigned hereby warrants that they are the owner of, or authorized agent for, the pet(s) listed and consents to authorize Monroe Animal Care Hospital, P.C. to care for and treat boarded pets. The undersigned understands every reasonable attempt will be made to contact the owner or agent as directed below in the event of emergency or unforeseen situation regarding boarded pet(s). If an emergency does arise, services, including the use of anesthesia, to treat boarded pet(s) are authorized until such time as the owner can be contacted. If the owner cannot be contacted, the veterinarians and staff of Monroe Animal Care Hospital, P.C. are authorized to proceed with treatment as deemed necessary for the well-being of boarded pet(s). The undersigned assumes responsibility for all incurred charges and will settle any balance at time of check-out.

Owner / Authorized Agent: _____

Date: _____

Emergency Contact Phone Numbers:

Primary: _____ Name if not owner: _____

Secondary: _____ Name if not owner: _____

Please list the names of any persons authorized to pick up your pet(s):

THANK YOU FOR CHOOSING MONROE ANIMAL CARE HOSPITAL FOR YOUR PETS HEALTH CARE NEEDS!

ALLERGIES

MEDS

NO STAIRS

OWN FOOD