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BOARDING CHECK-IN SHEET

Your name: _____ Pet name: _____

Admission date: _____ Departure date: _____ Pick up time: _____

What is the best method of contact if we have questions about your pet during their stay?

E-mail: _____ or Phone: _____

Emergency contact number:

Name: _____ Phone number: _____

Please list all items that you brought to leave with your pet today:

Feeding instructions:

- Did you bring your pet's food today? (Y / N) If so, what kind? _____
- If no, may we feed your pet Hill's Science Diet? (Y / N)
- When do you feed your pet? (circle one): a.m. p.m. twice daily free feed
- How many cups of food does your pet get per meal? _____
- When does your pet need to be fed next? _____

Medical Instructions:

- Does your pet need any vaccinations or other services (bath, nail trim) while here?
 - List services requested: _____
- Are there any problems we need to check while your pet is here?
 - Please list: _____
- Does your pet have any food allergies or health problems we should be aware of?
 - _____
- Does your pet need any medications while boarding? If yes, please fill out the medication form attached.
- When was a flea/tick preventative last given to your pet? _____

For your pet's safety, we require that all pets be up-to-date on his/her vaccinations in order to board with us. We also require a dose of flea/tick preventative if your pet has fleas. In the event of an emergency, we will make every attempt to contact you before performing any diagnostic testing or therapeutic treatments. If, however, we are unable to reach you, we will proceed with any treatments deemed necessary for life-threatening problems, including transferring your pet to an emergency hospital such as Triangle Veterinary Referral Hospital, if necessary. If your pet stays with us longer than the scheduled reservation, you will be charged for the additional days. If someone else picks up your pet, that person will be responsible to pay the bill.

Date: _____ Owner or agent's signature: _____