



Sheri Randell, DVM ♦ Mary Snyder, DVM ♦
Anne Gavin, DVM ♦ Jenny Marin, DVM ♦

BOARDING CHECK-IN SHEET

Your name: _____ Pet Name: _____

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

EMERGENCY PHONE NUMBER(S): _____

Are you leaving a leash? No Yes Color/style? _____

Are you leaving a carrier? No Yes Color/style? _____

List any toys, blankets, or treats you brought from home: _____

Are any of these items NOT washable? _____

Feeding instructions: Did you bring your pet's food with you? If so, what kind?

If not, would Proplan (our in-house food) be all right?

How much do you feed your pet per feeding?

When do you feed your pet? (circle one) a.m. p.m. twice daily free choice

When does your pet need to be fed next?

Medical instructions: **Does your pet need any vaccinations or other services while here? Are there any problems we need to check?**

Does your pet have any allergies or pre-existing health problems that we should be aware of?

List any medications your pet is taking and when they need to be given.

When should the next dose(s) be given?

Would you like your pet to have a bath and/or nail trim while here (extra charges apply) ?

What date was the last application of flea (and tick) product was applied?

At Carrboro Plaza Veterinary Clinic we require that all pets be up-to-date on his/her vaccinations in order to board with us. We also may require a bath and a dose of a flea and tick preventative at owner expense for any pet that is flea-infested. **In the event of an emergency, we will make every attempt to contact you before performing any diagnostic tests or therapeutic treatments. If however, we are unable to reach you, we will proceed with any treatments deemed necessary for life-threatening problems.** If you would prefer we handle this type of situation differently, please inform us in writing below. (Note: If your pet stays longer than the scheduled reservation, you may be charged an extra fee for any additional days. If someone else picks up your pet that person will be responsible to pay the bill.)

Date _____ Owner or agent's signature _____