$\underline{8355\ N\ E\ Day\ Road\ E.\ ,\ Bainbridge\ Isl\ .\ WA\ 98110\ Tel: 206\ -\ 842\ -\ 1200\ Fax: 206\ -\ 842\ -\ 1209}$

Boarding Check-in

Owner's Last Name:		Owner's First Name:		
Pet's Name:		Species:	Age:	
Boarding Dates:	to	Estimated Pic	k up Time:	
Phone number where	you can be reached	while gone:		
Time Zone where you contact you:	will traveling to if	we need to		
List local emergency pe	erson(s):			
Local emergency p	person(s) phone nu	ımber:		
If you are authorizing pick your pet please lis				
Please also their phone Please arrange payment wit you are not picking up your	h the reception staff if			
Please describe any spe seizures and allergies, e		should be aware of (e.ş	g. diabetes, vomiting	g, diarrhea, runny eye
Current Medications/	Dose Schedule: Pla	ease provide the medic	ations and make sur	e it
is clearly labeled. Medic	cation administrati	on carries extra charg	es. \$3-5 per day for	

Last given

How often

oral/topical administration; \$6-8 per day for injections.

Dose

Medications/Treatments/Supplements

If yes, please list them:

Food Options: Please select on of the following three options

I do not have a preference, please feed my pet whatever they prefer

Please feed my pet on of the following food(s) options available in your boarding facility (check your preference in the boxes below)

Dry Wet Cats
Hill's Feline Adult Maintenance

Royal Canine Mature

Dry Wet Dog
Hill's K9 Advanced Fitness (1-6 years)

Hill's K9 Active Longevity 7+ years

Special Diet needed, please list:

(Special diets other than those available in out boarding facility must be provided by the owner. See policy sheet for details)

Additional Services: Please check all boxes that you would like done while your pet is staying with us.

Bath: Cats \$34.12 Dogs \$48.00 and up depending on weight

Toe Nail Trims: \$18.64

Anal Glands Expression: \$20.98

Brush Out or Shave/Clip Mats: < 10 Minutes: 23.62, 10-20 Minutes: \$49.88, >20 minutes: \$2.50 Per Minute

Describe Personal Belonging (e.g. Pink Catnip Mouse, Green Blanket, etc.)

Note: We are not to be held resonisbile for loss or damage to these items. Please do not leave anything of sentimental or monetary value.

<u>Fecal Policy:</u> Given the potential for human infection from certain intestinal parasites, as well as the ability for parasite eggs to survive for months to years in soil, all dogs and outdoor cats admitted for boarding must have had a negative Intestinal Parasite Exam within the previous 6 months, or currently be on a monthly anthelminthic (ie HeartGuard, Interceptor etc.). For indoor only cats, this requirement is extended to 12 months. Pets who have not had this done will receive an Intestinal Parasite Exam upon admittance and if parasite(s) are found the pet will be treated appropriately. There is a fee for this service. Treatment costs vary depending on patient size and type of parasite found.

If your pet develops a problem or medical condition while boarding (for example, frequent vomiting, loss of appetite and significant weight loss), we will examine them and contact you or your emergency contact person with recommendation, if we find a medical problem of consequence. If we are unable to make contact, we are obligated to hospitalize your pet and extend appropriate and reasonable medical and surgical treatments. As the owner, you will be responsible for the cost of these services including those incurred if they are transferred to a hospitalization status or an after-hours emergency facility.

I have read and understand Day Road Animal Hospital's boarding policies and fees.				
Initial Here	Date Here			