

Boarding Check-In List

Today's Date: _____ Date of Pick-up: _____
Owner: _____ Approximate time of pick-up: ____AM/PM
Pet Boarding: _____

Does your pet need to be examined by a doctor? YES _____ NO _____

Please note: all vaccinations require a physical examination by a doctor.

Please explain pet's symptoms below:

Emergency Number and Person to Contact: _____

Any belongings left with pet(s): _____

Special Instructions—including detailed medication directions, feeding instructions, and any treatments or exams needed: _____

Bath before going home? YES _____ NO _____ (If yes, pick-up must be after 4:00 p.m.)

Grooming appointment before going home? YES _____ NO _____

Extra Play-time package? YES _____ NO _____

Vaccination Policy: To insure the protection of all pets under all care, the following vaccines must be up to date (proof must be provided by client within 24 hours) and will be given if not:

DOGS:	Rabies	CATS:	Rabies
	DHPP		FVRCP
	Bordetella		

*****Vaccinations given by owner do not count as your pet(s) being vaccinated*****

*****ARAH is a flea-free environment. We reserve the right to treat your animal for fleas at your expense while your animal is staying with us*****

Medical Illness Policy: One of the advantages of boarding your pet at a veterinary clinic or hospital is that the veterinary attention is available should the need arise. If your pet becomes ill, we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options, and estimate of additional cost. If no one can be reached however, please indicate your wishes below should your pet's require treatment to relieve immediate discomfort or to resolve an important medical condition.

- Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes any emergency treatments and necessary diagnostics.
- I authorize up to (check one and indicate amount) ___ \$_____ or ___ \$100.00
In medical care for my pet until someone can be reached.

Please note: If your pet develops digestive upset or other minor health issues while boarding in our facility, a doctor will treat your pet at your expense and notify you at the time of pick-up.

I have read and understand the above. I fully intend to pick up my pet(s) on the above-specified date. If circumstances change, I will notify one of the staff members of a new pick-up date.

DATE

OWNER SIGNATURE

APALACHEE RIVER ANIMAL HOSPITAL
822 DACULA Rd, DACULA, GA 30019
678-376-0503