

All-Star Animal Hospital Check-In Record: *Canine*

Client Name _____ Pet Name _____ Age _____

Breed _____ Description _____ Sex F S M N

Client # _____ Admission Date _____ Release Date _____

Best # to Contact Owner _____ Texts OK? Yes/No Pictures OK? Yes/No

Emergency Contacts 1) _____ Phone Number _____

2) _____ Phone Number _____

Feeding Instructions: Own Food /Hospital Food _____

Medical Conditions: Does your pet have any medical conditions that we should be aware of? Yes/No

If yes, please list _____

Pet Belongings: _____

Is your pet on a flea and tick preventative? Yes/No Name of Product _____

If not, we will need to apply a preventative.

Would you like your pet to have a complimentary bath? Yes/No

Requirements for Boarding

I am aware that pets in this hospital are left unattended after business hours. _____

My pet(s) are current on required vaccinations. _____

My pet(s) are free of external parasites (ticks, fleas, etc.) or will be treated at my expense. _____

I do not hold All-Star Animal Hospital responsible if my animals are boarded in the same kennel (per owner's request) and injure one another. _____

I authorize All-Star Animal Hospital to treat any minor physical ailment such as eye, ear, or skin infections and/or diarrhea (stress colitis). _____

I realize that All-Star Animal Hospital is not responsible for any items left. _____

I authorize All-Star Animal Hospital to treat my pet(s) in the event of an emergency. _____

Check-out time is 2pm. If I pick up my pet later than this time, I will be charged for an additional day. _____

I assume full responsibility for the treatment expenses involved. _____

Reasonable precautions will be used against injury, escape, or death of your pet. The hospital and the staff will not be held liable for problems that develop, provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarian. _____

I have read the boarding requirements and understand the All-Star Animal Hospital policies. _____

Owner's Signature _____ Date _____

Witness: _____ Date _____

<i>*FOR STAFF ONLY:</i>		
<i>Required for Boarding</i>		
Current on vaccinations Yes/No	Proof of vaccinations Yes/No	Weight
Frontline Yes/No	Check-in initials	Charge

Owner requests while boarding _____