

**Perinton Veterinary Hospital Boarding Check-in Form**

Arrival Date:

Time

Client's Name

Acct. #

Departure Date:

Est. Time out:

Pet's Name

Record Weight

Reviewed by:

**Feeding Instructions**

Own Food  Kennel Food

Appetite  Picky  Good Last Fed

**Bathing**  None  Regular  Med  NT only

**Flea Check**  Negative  Positive

The staff at Perinton Veterinary Hospital walks dogs outdoors. I will not hold the hospital or its employees responsible if anything should happen to my dog while it is outside the building. I give permission for my dog to be walked outdoors.

Yes  No

**Medications**

None

**Requested Veterinary Services**

**Belongings**

Stool Sample

**Buddytime**

None  1 Session (15 min.)  2 Sessions (15 min. each)

**Other:**

**Activities:**

**Last Given**

I give my permission for the staff to examine and vaccinate my pet if due or overdue for Distemper, Rabies, Kennel Cough and Canine Influenza vaccine. **VACCINATIONS MUST BE CURRENT** for boarding. I understand that I am responsible for all related charges. If there are fleas present on my pet, my pet will be treated at the veterinarian's discretion and at my expense. **Please make us aware of any known adverse reactions to either topical or oral flea medications.**

Perinton Veterinary Hospital cannot accept responsibility for any personal belongings that are left with a pet while boarding with us.

Additional charges will apply for medication administration, bathing and other requested services.

If my pet becomes ill and requires surgical or medical treatment, I give permission for the staff to do whatever is necessary for the well being of my pet. If my pet does become ill during his/her stay with you, a veterinarian will examine my pet and uncomplicated problems (i.e. diarrhea, abrasions) will be treated medically. Potentially more serious problems (i.e. failure to eat, persistent vomiting, difficult urination), may warrant in-depth diagnostic testing. If the situation appears serious enough, my pet will be taken to the Animal Emergency Service at 825 White Spruce Blvd. Rochester for 24-hour care. I also understand that I am responsible for all related charges. **We will make every attempt to contact you at the numbers provided should your pet become ill. If there are limitations to the care you wish us to provide for your pet, we need to know before you leave your pet with us.**

**OR**

I wish to be contacted before my pet receives ANY treatment or medication. \*If you are unreachable, the veterinarian will begin treatment to ensure your pet's well being.

Please treat any uncomplicated problems (i.e. diarrhea, abrasions) at the Veterinarian's discretion and **contact me only in the event of a serious condition or extensive treatment.**

The undersigned acknowledges contracting for above services and understands that he/she is responsible for all balances due upon the discharge of the pet. If someone other than the owner is picking up or visiting a pet, let us know as we will not release the pet to anyone other than the owner without prior consent. All pets must be picked up within 5 days of the specified check-out date. All efforts will be made to contact the owner/agent. Failure to respond or pickup pet will result in the facility protocol for abandoned animals.

Emergency Phone number(s) where you can be reached.

**Alternate Contact Information**  
(able to make decisions on your behalf).

Signature of Pet Owner or Authorized Agent

Witness

Today's Date: