

## Perinton Veterinary Hospital Boarding Check In Form

Owner's Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Weight: \_\_\_\_\_  
Admission Date: \_\_\_\_\_ Pick Up Date: \_\_\_\_\_ Estimated Pick up Time: \_\_\_\_\_

**Please review and answer the following questions as clearly and completely as possible so we can provide the best care for your pet.**

Medications – Charge: \$2.00 (once a day) - \$4.00 (twice a day or more) - \$15.50 (Diabetic Treatment)

Is your pet on medication? (circle one)                      Yes                      No  
Name of Medication: \_\_\_\_\_ Directions: \_\_\_\_\_ Last Given: \_\_\_\_\_  
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**Does your pet have any preexisting medical problems we should be aware of?**

**Has your pet been ill during the past 2-4 weeks? If so please explain.**

### Additional Services:

**Stool Sample** – Charge: \$22.30 (circle one)                      Yes                      No

This service is not required but it is recommended that a sample be checked yearly due to the fact that many parasites are transmissible to humans, especially children.

**Bath** – Charge: \$23.30 - \$31.60 (depends on size of pet and includes a nail trim)

Bath? (Nail Trim included) (circle one)                      Yes                      No  
When? (circle one)                      Night Before                      Day of Pick up (please pick up after 2 pm)  
Nail Trim Only? (\$9.90 Cat; \$14.80 Dog) (circle one)                      Yes                      No

*\*\*\* All animals staying at our facility are required to be current on their vaccines. (Rabies, Bordetella, Distemper and Canine Influenza) Any animal found to be overdue will have the vaccines updated with an exam. (Estimates available upon request) \*\*\**

### Flea Free

**In order to maintain a flea free environment**, your pet will be checked for signs of fleas and for adult fleas upon admission. If fleas and/or flea dirt are found, your pet will be treated at the doctor's discretion and at the owner's expense.

**I am not aware of any adverse reactions to either topical or oral flea medications.  
I agree to have my pet treated for fleas. \_\_\_\_\_ (owner initials)**

### *\*\* Pet's Belongings \*\**

We cannot accept responsibility for leashes, toys, collars, blankets, etc. that may become lost while your pet is boarding. We will make every attempt to return items to you; however, on occasion these items are misplaced or destroyed by the pet. We do provide bedding (blankets, towels, etc.) for all pets during their stay. If you choose to leave belongings please provide us with a list below:

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\*\*\*EMERGENCY INFORMATION\*\*\*

Please provide us with the name of someone, ***other than yourself***, to make decisions for your pet in an emergency situation. Your cell phone is not an acceptable alternate emergency contact.

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Work# \_\_\_\_\_  
Cell# \_\_\_\_\_ Other# \_\_\_\_\_

Regular Veterinarian/Hospital: \_\_\_\_\_

On occasion pets staying with us may become ill. Uncomplicated problems such as persistent diarrhea, abrasions from rubbing on kennel doors, ear infections and the like will be treated medically. Potentially more serious problems, (failure to eat, persistent vomiting, inability to stand, difficulty urinating), may warrant diagnostic blood, urine tests and even x-rays. If the situation appears serious enough, your pet may be taken to the Animal Emergency Service on East Henrietta Road for 24 hour care.

**Please initial your preference:**

(  ) I wish to be contacted about ***ANY*** problem that requires the doctor's care.  
(Regardless of the severity)

(  ) I wish to be contacted ***ONLY*** for serious problems.

\*\*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.\*\*

I understand that the staff of the Perinton Veterinary Hospital walks dogs outdoors. I will not hold the Perinton Veterinary Hospital and/or it's employees responsible if anything should happen while my dog is outside of the building. I give permission for my dog to be walked outdoors (  ) **initials**

The undersigned acknowledges contracting for the above services and understands that he/she is responsible for all balances due upon discharge of pet(s).

\*\*If someone other than the owner is to pick up a pet from boarding, please let us know. We will not release an animal to anyone other than the owner without prior authorization from the owner.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Emergency Phone Number: \_\_\_\_\_

Witness: \_\_\_\_\_

*Thank you for allowing us to care for your pet*