

ANDERSON MILL ANIMAL CLINIC BOARDING CHECK-IN

NAME OF PET: _____

NAME OF OWNER: _____

DROP OFF DATE _____ DATE OF PICK-UP _____

EMERGENCY PHONE #: _____

MEAL TIMES: (PLEASE CIRCLE ONE)

1. ONCE A DAY 2. TWICE A DAY 3. FREE FEED

HOW MUCH? _____ WHEN: (CIRCLE ONE)

1. MORNING 2. EVENING 3. TWICE DAILY

TOYS & SPECIAL ITEMS FROM HOME: _____

MEDICATION & INSTRUCTIONS: _____

SLEEP, PLAY, OR EATING HABITS OR PROBLEMS WE

SHOULD BE AWARE OF WHILE HERE: _____

ANY MEDICAL OR GROOMING REQUEST WHILE YOUR PET IS HERE:

WE TRY TO PROVIDE THE BEST CARE WHILE YOU ARE AWAY. HOWEVER, THERE ARE TIMES WHEN EXCITEMENT OF BEING HERE OR THE STRESS OF MISSING YOU MAY CAUSE DIARRHEA OR UPPER RESPIRATORY INFECTIONS. YOUR PETS WILL BE TREATED AT THE DISCRETION OF THE DOCTOR AND ANY MEDICATIONS OR SPECIAL FOODS USED WILL BE ADDED TO YOUR BILL. IF A PROBLEM OF A MORE SERIOUS NATURE OCCURS, EVERY EFFORT WILL BE MADE TO CONTACT YOU BEFORE STARTING TREATMENT.

SIGNATURE OF OWNER: _____

DATE _____