



Sheep Draw Veterinary Hospital

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BOARDING CHECK IN

The following is a check list which needs to be addressed with each incoming boarder prior to the client leaving the clinic:

Client Name: _____ Date In: _____ Date Out: _____

Pet: _____ Pet: _____ Pet: _____ Pet: _____

Kennel Size: _____

Does the pet need:	DA2PL-CPV	_____	_____	_____	_____
	Bordetella	_____	_____	_____	_____
	Lepto	_____	_____	_____	_____
	H3N2	_____	_____	_____	_____
	Rabies	_____	_____	_____	_____
	FVRCP-P	_____	_____	_____	_____
	Leukemia	_____	_____	_____	_____
	Fecal	_____	_____	_____	_____
	Clip Nails	_____	_____	_____	_____

Is the pet a fence climber/jumper? _____

Emergency Contact Information Name: _____ Phone: _____

Please have the client review and sign the following:

In the unlikely event that my pet should expire while boarding, Sheep Draw Veterinary Hospital will retain the body until such time as I return or other arrangements can be made. _____

Medical Illness Policy (Please Check One): One of the advantages of boarding your pet(s) at a veterinary hospital is that veterinary attention is readily available should the need arise. If your pet(s) becomes ill, we will call the emergency number listed above regarding your pet(s) symptoms, treatment options, and estimate of additional costs. 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 only non-elective treatments and any necessary diagnostics.

_____ I authorize up to (check one): _____ \$150 _____ \$300 Other; \$ _____

_____ Do not administer any medical treatment until specific authorization is given.

Your pet's boarding rate is \$ _____/day. If your pet is picked up prior to noon on the day of pick up, there is no charge for that day. As a convenience we are open for boarding pick up on Sunday from 5-6pm. This day is charged as a full day. For pets requiring medication(s)/supplements there is a fee of \$2.50/day. For pets requiring insulin injections there is a fee of \$5.00/day.

I fully intend to pick up my pet on or around the above date specified. If circumstances change, I will notify the veterinary clinic of a new pick up date. I understand that I am responsible for these charges and that **payment is due, in full, upon discharge of my pet.**

Office use only:
Front Desk: _____

Kennel Staff: _____

- We feed Royal Canin GI. If your pet requires special food, please provide.

Feeding Guidelines:

Pet: _____

- Own Food
 Royal Canin

Amount: _____
 Frequency: _____

Pet: _____

- Own Food
 Royal Canin

Amount: _____
 Frequency: _____

Pet: _____

- Own Food
 Royal Canin

Amount: _____
 Frequency: _____

Medications:

Pet: _____

Med: _____

Freq: _____

Med: _____

Freq: _____

Pet: _____

Med: _____

Freq: _____

Med: _____

Freq: _____

Pet: _____

Med: _____

Freq: _____

Med: _____

Freq: _____

When was the last time they had medication? _____

Allergies:

Does your pet have any known food allergies? If so, please list: _____

For enrichment, can we use treats/peanut butter? Yes No

Are there any special instructions we need to know about? _____

Personal Belongings:

Bowl(s) Blanket(s) Bed(s) Carriers Clothing

Leash Harness Toys Treats Bones

Other: _____

° If your pet's stay is longer than amount of food provided, we will feed Royal Canin.

Office use only:
 Front Desk: _____

Kennel Staff: _____