

Boarding Check-In Sheet

FILE # _____ **Check-In-Date:** _____
Client Name: _____ **Pick-Up-Date:** _____
Pet's Name: _____ **RUN / CAGE:** _____

Food: Owner brought House Amount AM/PM _____

Medications Needed: Yes/ No _____

Vaccines:

Canine/Feline:	Exam _____	Wellness _____	Weight _____
	Rabies _____	Fecal _____	
	Dhpp/Fvrpcp _____	Hwtest _____	Capstar _____
	Lepto _____	Urine _____	
	Kennel Cough _____	Other _____	

Appt w/ _____ **Date** _____ **Time** _____ **Dr. spoke w/ Owner**

Special Requests: _____

Items Brought In: _____

CHEROKEE TRAIL BOARDING RELEASE:

At Cherokee Trail Veterinary Hospital we feed our boarding patients a very high quality Hills Science diet. Because some of our patients become stressed with the change of environment, our dogs receive Science diet sensitive stomach and our cats receive dry Science diet. Some pets do not tolerate the change in diet or need special diets because of special needs. Because of rising costs of the food, if special diets are required, the client will need to bring their own food or purchase this from our hospital. Occasionally our boarders may develop vomiting or diarrhea secondary to stress. These patients will be treated with a probiotic to help repopulate the good bacteria. If they do not respond to this, special diets or medication may be required at an additional cost to the owner. Additionally other unforeseen conditions may arise that necessitate a veterinarian to examine and/or treat my pet. All attempts will be made to contact the owner or medical representative first. If contact cannot be made, treatment will be initiated and charges will incur.

I have read the above statement and agree.

Signature of Owner/Representative

Date

Witness

Date

EMERGENCY NUMBERS: _____

I would like a text/picture of my pet! **Cell phone number** _____