

Boarding Check-in Form

*Last name _____ * Pet Name _____

*Species: Canine Feline Other _____

*Check-in _____ *Check-out _____ *After-Hours Pick-up: Saturday Sunday No

*Number(s) where I can be reached during these boarding dates: _____

*Emergency contact: _____

This contact will become the authorized agent to make decisions for your pet if you cannot be reached. You are responsible for all financial decisions made by your agent on behalf of your pet.

***Feeding** (check one and indicate daily quantity.)

Our house diet for dogs and cats is Hill's Sensitive Stomach dry kibble, morning and evening, with fresh water throughout the day. If you prefer a different diet, you may bring it from home and we will substitute at no additional charge.

House Diet Quantity per day _____ Special Instructions _____

Bringing own food (clearly marked with pet's name) Brand/Type of food _____
Quantity per day _____ Special Instructions _____

Medications or Supplements: (provide complete instructions. There is no charge for administering medications.)

Name of Medication/Supplement	Frequency of Dosage	Special Instructions (with food, etc.)

Medical Services Requested (circle all that apply)

Vaccinations Professional Teeth Cleaning Senior Wellness Profile Check Ears Check Itchy Skin

Other _____

By selecting a Medical Service, you are authorizing a veterinary examination at your expense. Subsequent treatment and/or diagnostics will only be done at your direction. Please make sure you have given us a good contact number. Payment for boarding/medical services is due at boarding pickup. If you have scheduled an after-hours pickup, payment for all boarding and medical service charges must be made in advance.

Grooming Services (circle all that apply)

Nail trim Express anal glands Sanitary clip (under tail) Sanitary clip (tail & abdomen) Remove mats
\$14.00 \$21.00 \$9.00 \$15.00 \$1.25/minute

By selecting a grooming service you are authorizing the service at your expense.

***Bathing** (please check one)

A complimentary “freshen up” bath is given to boarding pets after 3 nights. Alternately, you may request a paid bath done with a specially formulated shampoo, more tub-time washing, 15 minutes of brushing.

Complimentary “freshen up” bath DECLINE complimentary bath (cat owners often decline)

PAID bath (cost is based on pet’s weight. Please ask for prices.)

***Personal Belongings** (describe everything you are leaving with your pet including collars/leashes, etc.)

Every effort will be made to return your belongings in the condition you left them, but no guarantee can be made against loss or damage. We request that you not leave bedding with your pet. Clean, soft bedding is provided daily.

***Unexpected Illness, Accidents or Emergencies**

Occasionally, pets will experience an illness, or a condition will be aggravated during a boarding stay. If your pet becomes ill while staying at our facilities, please choose ONE of the following options. Note: APAH *will* attempt life-saving resuscitation on any pet in our care unless you have expressly signed a Do Not Resuscitate order.

I authorize APAH to perform an exam, and any necessary testing/treatments to aid my pet in recovering from illness with NO LIMIT on cost. I understand that I am financially responsible for any services incurred.

I authorize APAH to perform an exam, and any necessary testing/treatments up to \$_____ (specify amount). If the necessary services exceed this amount, I wish to be called before those services are performed.

I authorize APAH to perform an exam ONLY. I wish to be contacted before ANY testing/treatment is done.

I do hereby put a DO NOT RESUSCITATE order on my pet while in the care of APAH.

Consent to Board

I do give my consent to board my pet at All Pets Animal Hospital.

I have read and understand the guidelines in the APAH Boarding brochure and agree to the policies set forth.

I understand that APAH will make every effort to follow the directives given here but may, for the safety of my pet, other boarding pets, or APAH employees, deviate from my instructions at their discretion.

***Last Name**

***First Name**

To send to the Bentonville location, e-mail to: allpets@allpetsnwa.com

To send to the Rogers location, e-mail to: greenway@allpetsnwa.com