

Boarding Check-in Form

Client/Patient Information

Client Name: _____

Pet Name(s): _____

Please board my pets together (*max 2 pets/space, Must be same species and family*)

Dates/Times Requested:

Arrival Date: _____ Time: **AM** **PM**
Discharge Date: _____ Time: **8AM** **NOON** **6PM**

Boarding Type & Frequency:

**Please note that all pets >25 lbs MUST board in a run.*

Standard Boarding (<i>does not include group play</i>)	Deluxe Boarding (<i>includes group play 2x daily, Canine only</i>)
Canine \$38/night (1 dog), \$68.40/night (2 dogs)	Kennel (<i>must be < 25 lbs for this option</i>) \$45/night (1 dog), \$81/night (2 dogs)
Feline \$25/night (1 cat), \$45/night (2 cats)	Run \$48/night (1 dog), \$86.40/night (2 dogs)

Special Accomodation requests (not guaranteed):

Social Media

Can we use photos of your pet(s) on our business social media pages? **YES** **NO**

Veterinarian Information (*complete only if OTHER THAN Heart of Ankeny Animal Hospital*)

Clinic Name: _____ Phone number: _____

Patient Feeding

Please feed my pet(s), select one: **Kennel Food** **Own Food**

Feeding times (select all that apply): **AM** **NOON** **PM**

Amount of food per feeding: _____

Would you like to add a peanut butter Kong treat(s) (\$4.50 each)

YES (1 daily) **YES (1 Every other day)** **NO**

Any special dietary needs, please list here:

Patient Medications

Please list any medications your pet(s) will need during their stay. Make sure to include detailed instructions.

Patient belongings

Please note any special items you will be bringing with your pets.

**Please*

*understand that Heart of Ankeny Animal Hospital is not responsible for lost or damaged belongings. *If you bring a large pet bed, please be aware that we may not be able to wash it prior to your pet going home.*

Flea Prevention (Required)

What flea preventive product do you use for your pet(s)? _____

When was your flea product last administered for your pet(s): _____

If your pet is **NOT** current on prevention, please select a product for us to administer:

Oral Bravecto Chew 3 month (\$65, protects for 3 months against fleas & ticks)

Oral Bravecto Chew 1month (\$24.50, protects for 1 month against fleas & ticks)

Seresto Collar (\$69, protects for 8 months against flea and ticks)

Bravecto Plus (feline only) (\$45, protects for 2 months against flea/ticks/hw)

In the event of an emergency (initial one):

(option 1) Treat my pet as needed. Do all diagnostic tests, treatments, and procedures necessary for the well-being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet.

(option 2) Treat my pet as needed. Do all diagnostic tests, treatments, and procedures necessary for my pet not to exceed \$_____. I accept full financial responsibility for all charges related to the treatment of my pet.

(option 3) DO NOT perform any diagnostic tests, treatments, or procedures on my pet until you reach me. **In the event of life-threatening situations, I consent to supportive care being performed on my pet until I, or my emergency contact can be reached.

Emergency contact information

Emergency contact: _____ Phone Number: _____

Client Signature/Acknowledgements:

****By signing below, I agree that I have reviewed and understand Heart of Ankeny Animal Hospital's most current Boarding Policies and Daycare Liability waiver and confirm that the information that I have provided above is accurate to the best of my knowledge.**

Client Signature: _____

Date: _____