

VCA White Oak Animal Hospital

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Boarding Check-In Sheet

Pet's Name: _____ Check-In Date: _____ Check Out Date/Time: _____
Emergency Contact/Phone Number: _____

We recommend having your pet bathed or groomed (for additional cost) prior to pick up to insure he/she goes home clean

Bath

Grooming*

*(all grooming include: bath, ear pluck (breed specific), nail trim, anal glands expressed)

Grooming instructions: _____

** Some pets are very difficult to groom, this makes it extremely hard for our groomers to give your pet a quality grooming. If this occurs, may we have permission to sedate your pet? Yes No

Canine:

Vaccines required*: _____ Rabies _____ Distemper/Parvo _____ Bordetella

Vaccines & yearly lab work recommended*: _____ K9 Flu _____ Lyme _____ Heartworm Test

Feline:

Vaccines required*: _____ Rabies _____ Feline Distemper

*All vaccines are accompanied by a wellness exam and fee _____ Cost \$: _____

Additional services to be performed: _____

Group playtime (dogs only): Cost \$: _____ Frequency: _____

Boarding Information:

1. Medications and dosages to be administered: Cost per night \$: _____

2. Feeding instructions:

Special diet: _____

Amount fed/ how often: _____

3. Personal items left with your pet**:

**VCA White Oak Animal Hospital is not responsible for lost or damaged items.

4. May we give your pet treats during his/her stay? _____

5. Chronic conditions we should be aware of: _____



Medical questions:

_____ **I do** _____ **I do not** give permission for VCA White Oak Animal Hospital to perform any necessary treatments should any abnormalities (i.e. Diarrhea, ear infection, skin infection, external/internal parasites) arise for the duration of my pet/pets stay. I also understand that I will be held financially responsible for the cost of any treatments.

_____ **I do** _____ **I do not** give permission for VCA White Oak Animal Hospital to treat my pet in the event a life-threatening emergency arises during my pet/pets stay. I also understand that every reasonable attempt will be made to contact me regarding my pet/pets treatment. In the event i cannot be reached, I will be financially responsible for the cost of any treatments.

Signature of owner/authorized agent: _____

Who will be picking up your pet? _____

