

OVERNIGHT BOARDING CHECK-IN



CABRILLO
Pet Hospital
The Only Place Your Human Should Take You.

Check In Date: _____ Time: _____
Check Out Date: _____ Time: _____

Pets: _____

I verify that my pets have not been exposed to any contagious or communicable diseases within the last 30 days and have shown no signs of recent injury/illness.

Owner: _____
Phone: _____
Email: _____
My Destination: _____

Emergency Contact (this person is authorized to make medical decision for my pet(s) in case of an emergency where I cannot be reached)

Name: _____
Phone: _____

FEEDING

- Please feed my pets the house food
 I have supplied my pet's food

Pet name: _____	Separate when eating: <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount per feeding - Morning: _____	Evening : _____ Afternoon: _____
Notes: _____	
Pet name: _____	Separate when eating: <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount per feeding - Morning: _____	Evening : _____ Afternoon: _____
Notes: _____	
Pet name: _____	Separate when eating: <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount per feeding - Morning: _____	Evening : _____ Afternoon: _____
Notes: _____	

MEDICAL INFORMATION

Does your pet(s) have any health conditions that require special attention? Yes No
Allergies or Vaccine reactions? Yes No

If yes, please explain: _____

Diarrhea: Yes No Vomiting: Yes No Poor or no appetite: Yes No Acting sick: Yes No

Does your pet(s) have any allergies to medications and/or food? Yes No

If yes, please explain: _____

MEDICATIONS

PET	MEDICATION	DOSAGE		TIME	REASON

PET SERVICES

SERVICE	COST	QUANTITY (Insert number)	FREQUENCY (Circle one)
<input type="checkbox"/> Nail Trim	\$14.00	_____	_____
<input type="checkbox"/> Brush Teeth	\$5.50	_____	_____
<input type="checkbox"/> Bath	\$36-43	_____	_____
<input type="checkbox"/> Apply Flea Control	\$21	_____	_____
<input type="checkbox"/> Cat Play Time	\$7.50	_____	Once/Daily/EOD _____
<input type="checkbox"/> TLC	\$14.50/15 min	_____	Once/Daily/EOD _____
<input type="checkbox"/> Nature Walk	\$16	_____	Once/Daily/EOD _____
<input type="checkbox"/> Kong Snack Time	\$3.75	_____	Once/Daily/EOD _____
<input type="checkbox"/> Solo Playtime 1x/day	\$9	_____	Once/Daily/EOD _____
<input type="checkbox"/> Solo Playtime 2x/day	\$16	_____	Once/Daily/EOD _____
<input type="checkbox"/> Solo Play & Kong Snack	\$12.50	_____	Once/Daily/EOD _____
<input type="checkbox"/> Play Pals 1x/day	\$8.25	_____	Once/Daily/EOD _____
<input type="checkbox"/> Play Pals 2x/day	\$14	_____	Once/Daily/EOD _____
<input type="checkbox"/> Doggie Day Camp	\$20-21	_____	Once/Daily/EOD _____
<input type="checkbox"/> Sunday Pick-Up/Drop-Off	\$14-23	_____	_____

POLICY REMINDERS

Please initial each line

- All Pets left for boarding must be current on required vaccinations.
 - Canine: Rabies, Distemper/Parvo, Bordetella, Canine Influenza and Leptospirosis
 - Feline: Rabies, FVRCP (FELV : only if indoor/outdoor) _____
- We do recommend that all boarding animals be vaccinated 2 weeks prior to boarding to ensure the effectiveness of recently updated vaccines. When we administer vaccines **at check in that does not ensure them being 100% protected while here.** _____
- Yearly physical exams are required on all boarding guests by OUR veterinarians. _____
- All pets must be free of ticks and fleas, or they will be treated at owner's expense. _____
- **Last date flea control applied/administered:** _____
- I give my permission to Cabrillo Pet Hospital to administer medications. (extra fee per administration) _____
- Our hospital is not staffed 24 hours a day _____
- I authorize Cabrillo Pet Hospital to do whatever is necessary in case of illness or emergency. _____
- Injuries such as chewing on cages, jumping up against cage walls, choking on food /toys and environmental stress related diarrhea are extremely rare but possible. All incurred medical fees are the responsibility of the owner. _____
- We try our best to return toys/ bedding but there is a certain risk of loss or destruction _____
- Your pet is not monitored 24/7 (bones/rawhides/toys) _____
- Kennel cough in dogs and upper respiratory in cats can occur while or after boarding due to stress and the kennel environment. We do everything we can to prevent it, but due to the nature of the viruses it still can occur. Any medical fees during or following your pets stay will be the responsibility of the owner. _____
- I authorize my dog to have physical contact with other dogs. Every effort will be made to ensure the safety our guests by assessing each pet. **You acknowledge and agree that in the unlikely event your pet is injured, you release Cabrillo Pet Hospital and its agents from any liability for such injury.** _____
- If your pet injures another pet or any person, you will be solely responsible for any injury to the other Pet(s)/or person(s) as well as your own Pet, and **you release Cabrillo Pet Hospital and its agents from any liability for such injury.** _____
- You acknowledge that we may contact appropriate authorities if your pet bites a staff member _____
- I authorize photos of my animal to be put up on social media _____
- There is an additional charge for late check out (after 12 noon) \$23 _____

Signature of Owner or person responsible

Date

Telephone #

No changes to medication or food: Sign: _____ Date _____ Emergency contact: _____
 No changes to medication or food: Sign: _____ Date _____ Emergency contact: _____
 No changes to medication or food: Sign: _____ Date _____ Emergency contact: _____
 No changes to medication or food: Sign: _____ Date _____ Emergency contact: _____