

Pleasant Valley Veterinary Clinic Boarding Check In

Client Name: _____

WE REQUIRE CURRENT VACCINATIONS, INCLUDING
DOGS: RABIES, DAPP, BORDETELLA, CIV AND A NEG. FECAL
CATS: RABIES, FVRCP, AND NEG. FECAL

Date of Check-In: _____ **Date of Check-Out:** _____

Contact Name: _____ **Contact Phone #:** _____

Emergency Contact: _____ **Emergency Phone #:** _____

Agent Picking Pet(s) Up if not Owner: _____

Pet(s): _____

Boarding together or separate? _____

Has your pet(s) eaten today? Y / N

Feeding Instructions:

Owners Food / In-House Food (Purina EN)

Cups per meal:

How many times per day:

Medication (\$3+/day) Instructions:

Has your pet had their meds today? Y / N

If Yes Med Name: _____ Time: _____

I would like the following add on services:

- Nail Trim (\$7)
- Anal Gland Expression (\$20)
- Bath and Nail Trim (\$25-40 pending size/coat) **(Please pick up after 1pm on the day of check-out)**
- Veterinary Service (Charges Variable), please indicate:

Client Signature: _____ Date: _____

OFFICE USE ONLY: Vaccines Current: Y / N Checked In By: _____