

Village Gate Animal Hospital & Pet Resort: Boarding Check-in

Client name: _____ Pet's name: _____ Age: _____

Feline/Canine Breed: _____ Spayed/Neutered/Intact: _____

Pick Up Date: _____ Pick Up Time: _____ Pick Up Authority: _____

Emergency Contact & Phone #: _____

Exit Bath: YES NO Village Gate food / Owner Food_ Times Pet fed per day: AM MD PM

Okay to have VG food if run out of OSF? _____

Qty of each feeding: _____ **Owner Food Type & Amount**(if applicable): _____

Medical Conditions: _____

Medications: 1. Name: _____ Qty Owner Supplied: _____ mls / pills (circle one)

Dosing Instructions _____

Time Last Given: _____

2. Name: _____ Qty Owner Supplied: _____ mls / pills (circle one)

Dosing Instructions _____

Time Last Given: _____

3. Name: _____ Qty Owner Supplied: _____ mls / pills (circle one)

Dosing Instructions _____

Time Last Given: _____

Items brought with pet/Special instructions: _____

Extra Services: For each service, indicate the # of times & when you want your pet to receive these services.

Dog: Edible bone _____ Frosty Paw _____ TLC (10 min.) _____

Potty Break (5 min.) _____ Grooming Service (if other than exit bath) _____

Cat: Cat nip _____ Play time _____ Grooming Services _____

In signing below, I have reviewed the above information and agree that it is true and correct, including services requested, medical condition and/or medication information, feeding information and items brought to verify that they are true and correct. I guarantee I have provided all the essential medical and nonmedical information required to guarantee my pet a safe, healthy and happy stay at Village Gate Animal Hospital & Pet Resort, and I do not hold Village Gate Animal Hospital & Pet Resort responsible for any information not provided.

Owner/Agent Name (please print): _____

Owner/Agent Signature: _____ **Date:** _____

Run # _____ Arrival Date: _____ Arrival Time: _____ AM / PM

Front Desk Initials: _____ (Employee checking in MUST initial after owner info & supplies are confirmed)