

Reception initials: \_\_\_\_\_



## → Express Check-In → Boarding Sheet

Fill out this form before you come in to drop off your pet for boarding at NHAH and your check-in will be much faster. If you are unsure about anything just leave it blank or feel free to give us a call. See you soon!

NEWPORT HARBOR ANIMAL HOSPITAL

Client Name (First & Last): \_\_\_\_\_ Pet Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number where you can be reached while your pet is boarding: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

KENNEL SIZE: \_\_\_\_\_ Check-in Date: \_\_\_\_\_ Check-Out Date: \_\_\_\_\_ Pick-Up Time: \_\_\_\_\_

**\*NEW BATH PROTOCOL EFFECTIVE OCTOBER 2022\*** If you would like your pet to be groomed by Penelope's Parlor (a separate business) while they are boarding with us, please contact them directly. You will also need to pay them directly at time of pick up.

### FEEDING INSTRUCTIONS:

My pet will eat:  Once a day  Twice a day  Three times a day  Four times a day

My pet will eat:  Hospital diet  I brought my pets own food (brand/protein): \_\_\_\_\_

How much do we feed per meal: \_\_\_\_\_

**\*IF YOU ARE BRINGING YOUR OWN PETS FOOD AND YOUR PET IS NOT EATING OR RUNS OUT, MAY WE FEED OUR HOSPITAL DIET (HILLS SENSITIVE SKIN/STOMACH) YES  NO  NO, PLEASE CONTACT ME FIRST**

Has your pet eaten today:  YES  NO Do you have dogs boarding together:  YES  NO

Do we need to feed today:  YES  NO Do we need to separate to feed:  YES  NO

FLEA MEDICATION Type: \_\_\_\_\_ Date last given: \_\_\_\_\_

**MEDICATIONS (\$13.00 per day additional charge for giving medications.) WE DO NOT DO 'AS NEEDED' FOR INSTRUCTIONS:**

Medication	Dosage	Frequency	Last Given

**PERSONAL BELONGINGS** (please list with as much detail as possible)

### EXAMINATION, VACCINES & FECAL

My pet needs an exam by the doctor or technician:  Yes  No (if yes please fill out a drop off form)

Date of Appt: \_\_\_\_\_ Appt. Time: \_\_\_\_\_ am/pm Doctor: \_\_\_\_\_

### VACCINES & FECAL

CANINE	Current	Required	FELINE	Current	Required
Influenza Bivalent	<input type="checkbox"/>	<input type="checkbox"/>	Rabies	<input type="checkbox"/>	<input type="checkbox"/>
Bordetella	<input type="checkbox"/>	<input type="checkbox"/>	FVRCP	<input type="checkbox"/>	<input type="checkbox"/>
DHPP	<input type="checkbox"/>	<input type="checkbox"/>	Fecal (annually)	<input type="checkbox"/>	<input type="checkbox"/>
Rabies	<input type="checkbox"/>	<input type="checkbox"/>			
Leptospirosis	<input type="checkbox"/>	<input type="checkbox"/>			
Fecal (every 6 months)	<input type="checkbox"/>	<input type="checkbox"/>			

### ADDITIONAL SERVICES

	Yes	No
Nail Trim (\$29.50):	<input type="checkbox"/>	<input type="checkbox"/>
Anal Glands (\$40.50):	<input type="checkbox"/>	<input type="checkbox"/>

### SPECIAL INSTRUCTIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### NHAH Boarding Disclosures

\_\_\_\_\_ Initial I understand the risks associated with boarding my pets and assume all responsibility, including financial, for any injury that might occur while my pet is boarding at Newport Harbor Animal Hospital, releasing Newport Harbor Animal Hospital from said responsibility.

\_\_\_\_\_ Initial All pets will be checked for Fleas & other external parasites upon arrival. I understand if fleas or any other external parasites are found, treatment which may include a physical exam (if exam is not current within the year) will be administered at an additional cost to you.

\_\_\_\_\_ Initial I understand, that while Newport Harbor Animal Hospital will make every effort not to misplace any personal belongings left with my pet, if any items are misplaced or lost while my pet is boarding that Newport Harbor Animal Hospital is not liable for replacing said items.

\_\_\_\_\_ Initial I understand that payment in full is required at the time of drop off, any additional treatments, medications or any charges accrued during your pets stay will be charged at time of approval.

\_\_\_\_\_ Initial I understand that Penelope’s Parlor is a separate business from Newport Harbor Animal Hospital and any injury or issues that may arise from my pet being groomed by Penelope’s Parlor are to be addressed directly with their business. In the event my pet requires medical attention while at Penelope’s Parlor, I wish to have my pet treated at Newport Harbor Animal Hospital and understand that I may be responsible for any charges incurred.

\_\_\_\_\_ Initial In the event that I need to extend my boarding reservation past the “Check Out” date I have listed, I understand that I may be asked to make other arrangements due to limited space.

\_\_\_\_\_ Initial I understand if my pet is boarding with medication, there is an additional fee.

\_\_\_\_\_ Initial In the event that my pet runs out of their prescribed medications, I approve for the medications to be filled at an additional cost.

#### Please initial ONE option:

\_\_\_\_\_ Initial In the event my pet becomes ill or requires medical attention while boarding at NHAH and I am not able to be reached after reasonable attempts, I **DO AGREE** to have my pet treated in the manner deemed necessary by the treating veterinarian. I agree to assume all financial responsibility for charges incurred and agree to pay such charges at the time of release of my pet.

\_\_\_\_\_ Initial In the event my pet becomes ill or requires medical attention while boarding at NHAH and I am not able to be reached after reasonable attempts, I **DO NOT AGREE** to have my pet treated. I understand that this decision may result in further injury, illness, or even the death of my pet.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Boarding Permission Sheet

I authorize the following people as indicated below to pick-up or authorize treatment while my pet is boarding.

The following people may **pick-up** my pet from boarding:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

The following people may **authorize treatment** for my pet while they are boarding:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_