



→ 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 call. See you soon!

Client Name: _____ 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: _____

BATH (at Penelope's Parlor): YES NO Bath/Clip Date: _____

Clip instructions: _____

FEEDING INSTRUCTIONS

My pet will eat: Once a day Twice a day Three times a day Free Feed

My pet will eat: Hospital diet I brought my pets own food: _____

How much do we feed per meal: _____

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 (\$6.25 per day additional charge for giving medications)

Medication	Dosage	Frequency	Last Given
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

EXAMINATION & VACCINES

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

Date of Appt: _____ Appt. Time: _____ am/pm Doctor: _____

VACCINES

<u>CANINE</u>	Current	Required	<u>FELINE</u>	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	<input type="checkbox"/>	<input type="checkbox"/>
Rabies	<input type="checkbox"/>	<input type="checkbox"/>			
Fecal	<input type="checkbox"/>	<input type="checkbox"/>			

ADDITIONAL SERVICES

	Yes	No
Nail Trim (\$20.75):	<input type="checkbox"/>	<input type="checkbox"/>
Anal Glands (\$27):	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL INSTRUCTIONS

NHAH Boarding Disclosures

_____ 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 pick-up, whether myself or an authorized agent is picking-up my pet.
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.
Initial

_____ 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

Please initial selected option:

_____ 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.
Initial

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: _____