



## → 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 (\$10 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

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	<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 (\$23):	<input type="checkbox"/>	<input type="checkbox"/>
Anal Glands (\$30):	<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: \_\_\_\_\_

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## 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: \_\_\_\_\_