

18450 Kuykendahl @ Louetta,
Phone (281) 288-4162 Fax

COMPANION
ANIMAL HOSPITAL

Spring, TX 77379
(281) 355-8387

Boarding check-in sheet

Date: _____ Date of pick up: _____ Weekdays- After 2pm
Saturday- 12-2pm

Owner's name: _____

Emergency contact (name) _____
(Number) _____

1st pet's name _____

Medications to be given _____

Kennel Food Special Diet Feeding Directions: _____

2nd pets name _____

Medications to be given _____

Kennel Food Special Diet Feeding Directions: _____

Special instructions: _____

Please read below carefully for additional charges.

I understand and accept the following rules associated with boarding my pet(s) here:

_____ All pets MUST be current on all vaccinations, with the vaccines required for that species. This includes FVRCP, Feline Leukemia, and Rabies for cats, and DHPP, Bordetella, Influenza (h3n2 and h3n8), and rabies for dogs. This is for the other boarders' protection as well as your pets.

- All pets will be given a Capstar flea treatment at the cost of \$5 per pet.

_____ I understand that any problem that develops with my pet(s) while boarding will be treated as deemed best by the staff veterinarians. In case of a medical emergency, if the doctor cannot contact the owner, he/she will do what they deem necessary to stabilize the patient. I assume full responsibility for any treatment expense incurred while my pet(s) are boarding. The clinic staff will not be held liable for any problems that develop provided reasonable care and precautions are followed.

- All pets will be picked up during regular working hours.

_____ **Yes, I would like my pet to have a bath, at a discounted rate.**

- We will make every attempt to return any items left with your pet. We ask that you limit these to food and medications only.
- **There will be a \$8 charge per day for administering meds.**
- **There is an additional charge of \$15 for nail trims.**

Pets that are needing exams and vaccinations while boarding:

_____ I understand that my pet may already be stressed from boarding and vaccinations may further challenge their immune system with doing vaccinations. This may cause coughing, diarrhea and vomiting, which are all potential side effects that will require treatment. There will be additional charges should these occur. We will notify you prior, but if we are unable to be contacted we will proceed with treating.

Name: _____

Date: _____