BOARDING CHECK IN

(Please Print)

Animal Clinic of West Plains, Inc.
1101 State Route 17, West Plains, MO 65775

Client Name: _____	Pet Name(s): _____
Date Incoming: _____	Date Outgoing: _____
Phone number(s) we can call in case of an emergency**:** _____	
Does your animal like other animals? □ Yes □ No	Is your animal people friendly? □ Yes □ No
Is there anything special we should know about your pet? _____	

Our Clinic requires current **Rabies, DHLPP and Bordetella vaccinations for dogs and a current Rabies and FVRCP for cats. For a vaccine to qualify as current, it must have been given within the last YEAR.** If your vaccinations have been completed at another veterinary clinic, we will require proof of vaccination in the form of medical records or confirmation from that clinic. **We are sorry, but we cannot accept vaccines that have been given at home.**

Vaccinations Needed:

□ Rabies □ DHLPP □ Bordetella (Inj / Nasal) □ FVRCP □ FIV □ Feline Combo □ Wellness Exam

While your pet is here, would you like any additional services performed?

- □ Deworming
- □ Heartworm Test/Tick Panel (K9 Only)
- □ Leukemia and FIV Test (Feline Only)
- □ AVID Microchip Implantation
- □ Nail Trim
- □ Bath or Full Grooming
- □ Flea and Tick Treatment with Frontline Plus (Lasts One Month)
- □ Vet Exam _____
- □ Other _____

Please fill out the following as it pertains to your pet(s):

PET ITEMS
I am leaving the following that I would like left with my pet: _____

FOOD
How would you like us to feed your pet?
□ Kennel Food (We feed Science Diet)
□ Own Food _____
(Please indicate brand and amount fed daily)

MEDICATIONS
My pet is on the following medications: _____
(Please indicate dosage, frequency, and when the last dose was given)
**Please Note: Additional Charges Apply for Administration of Medication

We will hand walk your dog twice daily if you request. This is done with every precaution, using chain collars, good leather leads, and an educated staff, however there is always some risk taken. We are not responsible if your dog gets loose while outside. **Would you like your dog hand-walked? □ Yes □ No**

We are committed to providing your pet with the best possible care. In the event of an illness or an emergency, *I authorize the Animal Clinic of West Plains, Inc. and its staff to do whatever necessary to treat my pet.* **I authorize treatment as necessary not to exceed $_____.**

Please note: Pets who become soiled while boarding will be bathed at the owner's expense. Additionally, if fleas and/or ticks are found, your pet will be treated with Frontline Plus at your expense.
Pickups after 1:00pm will be charged for the following day.

_____ _____
Signature of Owner/Agent Date

We are not responsible for any acts of God that may occur while your pet is staying with us.