

# OVERNIGHT BOARDING CHECK-IN



Check in	Date:	Time:
Check out	Date:	Time:

Pets: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I verify that my pets have not been exposed to any contagious or communicable diseases within the last 30 days and have shown no signs of recent injury/illness.

Owner: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 My Destination: \_\_\_\_\_

**Emergency Contact** (this person is authorized to make medical decision for my pet(s) in case of an emergency where I cannot be reached)  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_

## FEEDING

- Please feed my pets the house food.  
 I have supplied my pet's food

Pet name: _____ Morning feed: _____ Evening feed: _____	Separate when eating: <input type="checkbox"/> Yes <input type="checkbox"/> No Afternoon feed: _____ Notes: _____
Pet name: _____ Morning feed: _____ Evening feed: _____	Separate when eating: <input type="checkbox"/> Yes <input type="checkbox"/> No Afternoon feed: _____ Notes: _____
Pet name: _____ Morning feed: _____ Evening feed: _____	Separate when eating: <input type="checkbox"/> Yes <input type="checkbox"/> No Afternoon feed: _____ Notes: _____

## MEDICAL INFORMATION

Does your pet(s) have any health conditions that require special attention?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Diarrhea:  Yes  No Vomiting:  Yes  No Poor or no appetite:  Yes  No Acting sick:  Yes  No  
 Does your pet(s) have any allergies to medications and/or food?  Yes  No  
 If yes, please explain: \_\_\_\_\_

## MEDICATIONS

PET	MEDICATION	DOSAGE		TIME	REASON

**PET SERVICES**

SERVICE	COST	QUANTITY (Insert number)	FREQUENCY (Circle one)
<input type="checkbox"/> Nail Trim	\$11.50	_____	Once/daily/dates _____
<input type="checkbox"/> Brush Teeth	\$5	_____	Once/daily/dates _____
<input type="checkbox"/> Bath/Grooming	\$29-38	_____	Once/daily/dates _____
<input type="checkbox"/> Apply Flea Control	\$20	_____	Once/daily/dates _____
<input type="checkbox"/> Cat Play Time	\$7.50	_____	Once/daily/dates _____
<input type="checkbox"/> TLC	\$13.50/15 min	_____	Once/daily/dates _____
<input type="checkbox"/> Nature Walk	\$14	_____	Once/daily/dates _____
<input type="checkbox"/> Kong Snack Time	\$3.75	_____	Once/daily/dates _____
<input type="checkbox"/> Solo Playtime 1x/day	\$8.75	_____	Once/daily/dates _____
<input type="checkbox"/> Solo Playtime 2x/day	\$15	_____	Once/daily/dates _____
<input type="checkbox"/> Solo Play & Kong Snack	\$11.50	_____	Once/daily/dates _____
<input type="checkbox"/> Play Pals 1x/day	\$7.75	_____	Once/daily/dates _____
<input type="checkbox"/> Play Pals 2x/day	\$13	_____	Once/daily/dates _____
<input type="checkbox"/> Doggie Day Camp	\$19-20	_____	Once/daily/dates _____
<input type="checkbox"/> Sunday Pick-Up	\$14	_____	Once/daily/dates _____

**POLICY REMINDERS**

Please initial each line

- All Pets left for boarding must be current on required vaccinations. \_\_\_\_\_
- Yearly physical exams are required on all boarding guests by OUR veterinarians. \_\_\_\_\_
- All pets must be free of ticks and fleas, or they will be treated at owner's expense. \_\_\_\_\_
- **Last date flea control applied/administered:** \_\_\_\_\_
- I give my permission to Cabrillo pet hospital to administer medications. (note extra fee per administration) \_\_\_\_\_
- Our hospital is not staffed 24 hours a day \_\_\_\_\_
- I authorize Cabrillo Pet Hospital to do whatever is necessary in case of illness or emergency. \_\_\_\_\_
- Injuries such as chewing on cages, jumping up against cage walls, choking on food /toys and environmental stress related diarrhea are extremely rare but possible. All incurred medical fees are the responsibility of the owner. \_\_\_\_\_
- We try our best to return toys/ bedding but there is a certain risk of loss or destruction \_\_\_\_\_
- Your pet is not monitored 24/7 (bones/rawhides/toys) \_\_\_\_\_
- Kennel cough in dogs and upper respiratory in cats can occur while or after boarding due to stress and the kennel environment. We do everything we can to prevent it, but due to the nature of the viruses it still can occur. Any medical fees during or following your pets stay will be the responsibility of the owner. \_\_\_\_\_
- I authorize my dog to have physical contact with other dogs. Every effort will be made to ensure the safety our guests by assessing each pet. **You acknowledge and agree that in the unlikely event you pet is injured, you release Cabrillo Pet Hospital and its agents from any liability for such injury.** \_\_\_\_\_
- If your pet injures another pet or any person, you will be solely responsible for any injury to the other Pet(s)/or person (s) as well as your own Pet, and **you release Cabrillo Pet Hospital and its agents from any liability for such injury.** \_\_\_\_\_
- You acknowledge that we may contact appropriate authorities if you pet bites a staff member \_\_\_\_\_
- I authorize photos of my animal to be put up on social media \_\_\_\_\_
- There is an additional charge for late check out (after 12 noon) \$23 \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or person responsible

\_\_\_\_\_  
Date

Telephone #

No changes to medication or food: Sign: \_\_\_\_\_ Date \_\_\_\_\_ Emergency contact: \_\_\_\_\_  
 No changes to medication or food: Sign: \_\_\_\_\_ Date \_\_\_\_\_ Emergency contact: \_\_\_\_\_  
 No changes to medication or food: Sign: \_\_\_\_\_ Date \_\_\_\_\_ Emergency contact: \_\_\_\_\_  
 No changes to medication or food: Sign: \_\_\_\_\_ Date \_\_\_\_\_ Emergency contact: \_\_\_\_\_  
 No changes to medication or food: Sign: \_\_\_\_\_ Date \_\_\_\_\_ Emergency contact: \_\_\_\_\_