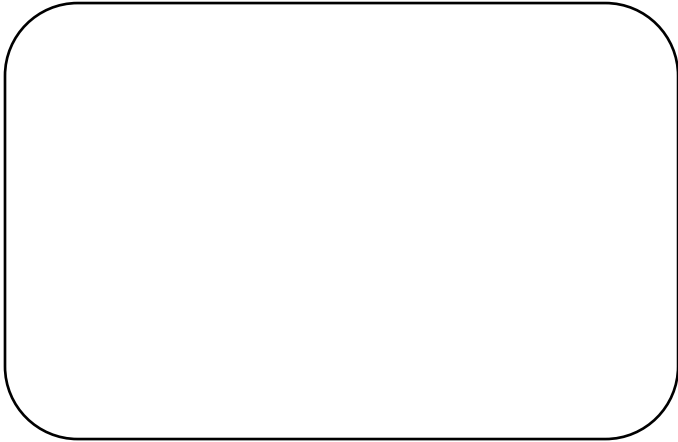


# SAH Boarding Check-in Form



**After-Hours Pick-up/Drop off:** Yes      No

*There is an \$18 fee for Sunday after-hours pick up and drop off for each guest.*

**Check-in:** \_\_\_\_\_

**Check-out:** \_\_\_\_\_

**Number where I can be reached during these boarding dates:**

\_\_\_\_\_

**Emergency Contact:**

\_\_\_\_\_

**Does your pet chew toys, blankets or beds?** \_\_\_\_\_

**1. Feeding** (Check **one** and indicate daily quantity.)

**House Diet** (Purina – Gastro Diet)      Quantity per day \_\_\_\_\_  
Special Instructions: \_\_\_\_\_

OR

**Own Food** – Brand/Type: \_\_\_\_\_      Quantity per day \_\_\_\_\_  
Special Instructions: \_\_\_\_\_

**2. Medications of Supplements**

Name of Med/Supplement/Dosage	Frequency of Dosage	Special Instructions	Last Given

**3. Medical Services Needed** (Check all that apply) - **STAFF USE ONLY**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Boarding Exam (\$28)    | <input type="checkbox"/> Bordetella (Kennel Cough) (\$16) | <input type="checkbox"/> Canine Combo Influenza (\$28)         |
| <input type="checkbox"/> Canine Rabies (\$9.50)  | <input type="checkbox"/> DA2PP + Lepto (\$30)             | <input type="checkbox"/> Canine Combo Booster (\$28)           |
| <input type="checkbox"/> Feline Rabies (\$18)    | <input type="checkbox"/> RCCP + Leukemia (\$30)           | <input type="checkbox"/> Annual Leukemia/FIV Combo Test (\$29) |
| <input type="checkbox"/> Check Ears              | <input type="checkbox"/> Check Skin                       | <input type="checkbox"/> Canine Wellness (\$112.50)            |
| <input type="checkbox"/> Fecal Exam (\$22)       | <input type="checkbox"/> Heartworm Test (\$22)            | <input type="checkbox"/> Feline Wellness (\$116-126)           |
| <input type="checkbox"/> Blood work              | <input type="checkbox"/> Rattlesnake Vaccine (\$20)       | <input type="checkbox"/> Anal Gland Expression (\$18-26)       |
| <input type="checkbox"/> Medication Refill _____ |   |  |
| <input type="checkbox"/> Other _____             |   |  |

*By selecting a medical service, you are authorizing a veterinary examination at your expense. Subsequent treatment and/or diagnostics will only be done at your direction. Please make sure you have given us a good contact number. Payment for boarding/medical services is due at boarding pickup. If you have scheduled an after-hours pickup, payment for all boarding/medical service charges must be made in advance.*

**4. Enrichment Services – initial which services you would like**

- Extra Walk & Explore (\$5 per day)
- Busy Bone (Canine \$8)
- Mouse in the house (Feline \$3)
- Kitty Play Room (\$6 per session)
- Photo Shoot (\$2.50 per updated) How many? \_\_\_\_\_
- Personal Playtime (\$10 per session) -How many? \_\_\_\_\_
- Healthy Daily Treats (\$2 per day)
- Doggie Frozen Treat (\$2 per serving) -How many? \_\_\_\_\_
- Toe Nail Trim (\$12.50)
- Dremel Nail Trim (\$15.00)

**5. Grooming Services (if appointments are available) initial which services you would like**

- Groom (Includes nail trim, brushing, bath, dry & Cut)

**Add on services with paid bath or groom**

- |   |  |
|---|--|
| <input type="checkbox"/> Dremel Nail Trim (\$5)                   | <input type="checkbox"/> Kitty Caps Application (\$20)           |
| <input type="checkbox"/> Nail's Painted (\$5)                     | <input type="checkbox"/> Special Shampoo Request (\$5)           |
| <input type="checkbox"/> Face, Fanny & Feet Trim (\$27)           | <input type="checkbox"/> 15 minutes of brushing (\$10)           |
| <input type="checkbox"/> De-Shedding Treatment up to 50lbs (\$10) | <input type="checkbox"/> De-Shedding Treatment over 50lbs (\$20) |

**6. Bathing Services – Recommend**

A freshen up departure bath will be given to all boarding canines that stay 4 nights or more. Alternately, you may request a full bath or groom, as well as opt out of the bath all together.

- Required Departure Bath (\$15-25)       Full Bath or Groom       DECLINE all baths

*If you decline a bath please understand you are going against our recommendation and your pet will not be bathed before they go home.*

**7. Personal Belongings** (Describe everything you are leaving with your pet including collars and leashes)

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*Every effort will be made to return your belongings in the condition you left them, but no guarantee can be made against loss or damage. We request you do not leave any bedding, as we provide it.*

**8. Unexpected Illness, Accidents or Emergencies**

Occasionally, guests will experience an illness, or a condition will be aggravated during a boarding stay. If your pet becomes ill while boarding, please choose **ONE** of the following options.

I authorize SAH to perform an exam, and any necessary testing/treatments to aid my pet in recovering from illness with NO LIMIT to cost. I understand that I am financially responsible for any services incurred.

I authorize SAH to perform an exam, and any necessary testing/treatments up to \$\_\_\_\_\_. If the necessary services exceed this amount, I wish to be called before those services are performed.

I authorize SAH to perform an exam ONLY. I wish to be contacted before any testing/treatment is done.

**Consent To Board**

I do give my consent to board my pet at Seneca Animal Hospital.

I have read and understand the guidelines in the SAH boarding policy and consent form set forth.

I agree to pay in full for all services rendered.

\_\_\_\_\_  
Signature (Owner/Agent)

\_\_\_\_\_  
Date