



Prepped By

Day Care Check-in Form

Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____
Primary Phone: _____

Pet's Name: _____
Breed: _____ Color: _____
Age: _____ Sex: _____

(Staff use) **Is this a Tech Check-In?** _____

Multiple Pets: **Same Run** **Separate Run**
Suite Style: **Standard** **Luxury**

If we notice pets becoming aggressive towards each other we will have to separate them. If pets are over 70lbs this may be a safety issue and we may have to separate them.

Medical Services Needed - STAFF USE ONLY **UTD**

- Office Exam (\$48.50) Bordetella (Kennel Cough) (\$16) Canine Influenza NB (\$30)
- Canine Rabies (\$15) DA2PP (\$20-30) Canine Influenza Annual (\$30)
- Lepto (\$18) Feline Rabies (\$26) RCCP (\$20-22)
- Leukemia (\$20) Leukemia/FIV Combo Test (\$35) Check Ears (\$48.50)
- Check Skin (\$48.50) Fecal Exam (\$22) Heartworm Test (\$23)
- Blood work Rattlesnake Vaccine (\$20) Anal Gland Expression (\$18-27)
- Medication Refill _____
- Other _____

By needing 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.

Additional Notes:

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

Every effort will be made to return your belongings in the condition you left them, but no guarantee can be made against lost or damaged items. We request you do not leave any bedding, as we provide raised ergonomic beds with blankets or large comforters.

Check-in Date: _____ Check-out Date: _____

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

Emergency Contact: _____

Does your pet chew blankets or beds? YES NO

After-Hours Pick-up/Drop off: YES NO

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

Does your pet have any allergies or eating sensitivities? YES NO

Does your pet have any health issues we need to know about? YES NO

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

House Diet (Purina EN – Gastro Diet) *Will be fed by Purina’s recommendation based on weight*
Special Instructions:

OR

Own Food – Brand/Type: _____ Quantity per day _____
Special Instructions:

Medications / Supplements- \$5.00 per day for two or more medications

Name of Medication/Supplement with Dosage Strength	Frequency of Dosage	Special Instructions	Last Given

We use pill pockets to give most medications; if your pet has an **allergy please let us know now.**

Medications need to be **IN THE ORIGINAL** packaging in order for us to administer.

Enrichment Services – *initial* which services you would like, Choose TWO for FREE!

Extra Walk & Explore

Healthy Daily Treats

Busy Bone

Doggie Frozen Treat

Mouse in the house

Personal Playtime

Kitty Play Room

Photo Shoot

Spa Services – Recommend - *initial* which option you would like while your pet is staying with us.

Please note that baths are given at the end of the stay, so if you're picking up early, let us know!

Full Bath (Based on weight)

Dremel Nail Trim (\$20)

Regular Nail Trim (\$15)

Dremel with Bath (\$5)

Teeth Brushing (\$5)

De-Shedding with Bath (\$10-20)

Unexpected Illness, Accidents or Emergencies - *initial* which option you would like

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. Phone Number I can be reached at is _____, or my representative that can make decisions is (name) _____, # _____.

VACCINATIONS REQUIREMENTS

Boarding guests must be up to date on our required vaccines. Proof must be provided or it will be presumed the guest is not up to date on vaccines and the guest will be vaccinated at the owner's expense. If the guest receives their vaccines while or 2 weeks prior to boarding they may not be fully protected yet, and this is a risk the owner understands and is willing to take.

Canine Vaccines: Rabies, DA2PP, Bordetella & Influenza Combo

Feline Vaccines: Rabies, RCCP, Leukemia & Combo Test within the last 12 months

FLEA/TICK FREE FACILITY

All boarding guests are expected to be flea/tick free. Upon arrival your pet will be checked for flea and ticks. If they are found the animal will be treated at the owner's expense. If we see parasites in a guests stool, we will perform a fecal test to ensure the health of all other guests and will be treated if results came back positive. Both testing and treatment will be the owner's responsibility.

ILLNESS/INJURY/ABANDONMENT

Every effort is made to ensure our boarding guests have a safe and comfortable time. However, Seneca Animal Hospital will not be held responsible for any illnesses or injuries that could occur. Guests may become stressed and experience an illness because they are away from home. Seneca Animal Hospital will take every reasonable precaution, and the owner understands this risk and agrees to pay for all services rendered. In the event an owner neglects to pick up their pet within five days of the scheduled discharge and does not notify SAH within that time period, we may assume your pet is abandoned and is authorized to adopt out or do what is deemed best for the pet. Abandonment does not relieve the pet's owner of charges incurred while boarding at SAH.

PERSONAL BELONGINGS

All boarding guests are provided with a raised orthopedic bed while boarding. Guests will be given soft blankets as long as they don't chew or ingest them. **We prefer that you do not send of large beds, blankets or toys with your boarding pet.** Seneca Animal Hospital is not responsible for any lost, damaged or destroyed items left with boarding guests.

MEDICATIONS ADMINISTRATION

Seneca Animal Hospital will administer one medication per day for free. Two or more medications, as well as injections are subject to a \$5.00 per day charge. Ample quantities of the medication, along with clear and concise, written instructions must be provided. There is however an additional weekend charge, if a technician has to come in and administer any medication, that charge is \$40.00 per weekend.

AFTER-HOURS SUNDAY PICK UP AND DROP OFF

We now offer Sunday pick up and drop off for boarding guests and their families. The Sunday after-hours time is between 2:00 pm and 4:30 pm. There is an additional fee of \$18 per pet to use the after-hours option for pick up and drop offs. No after-hour options are available on holidays. All other pick up and drop offs must be done within our regular business hours.

BOARDING AND DAYCARE FEES

Boarding is charged per pet, per night and includes their kennel suite choice, bedding, house diet, water, administering one medication, three daily walks, daily cleanings, & daily care provided by our boarding attendants.

Boarding Canine Suite: \$28 per night (additional guest sharing the run is \$22 per night for second guest).

Boarding Canine Luxury Suite: \$38 per night; Includes Photo Update, extra afternoon walk, daily treats, and a play time session (additional guest sharing the run is \$32 per night for second guest).

Feline Boarding Condo: \$16 per night (additional cat sharing a condo is \$13.00 per night for the second guest).

Exotic Boarding: \$15 per night (ask for species specific pricing)

All boarding guests that are not picked up by 1:00pm on the day of discharge will be subject to an additional \$18 day boarding fee per canine guest, or \$9.00 day boarding fee per feline/exotic guest. All guests who check-in and out on the same day will be charged the day boarding fee.

**The owner agrees to pay in full for all services rendered when picking up their pet from boarding.
SAH has the right to take pictures of your pets while they are boarding and use them on our website,
social media pages, promotional material, etc. without compensation to the owner.**

CONSENT TO BOARD

I do hereby consent to board my pet at Seneca Animal Hospital. My signature confirms that I understand and agree to all the policies set forth in this form.

I understand that each boarding visit I will be asked to complete a boarding check-in document which gives directions for my pet(s) care while boarding. I will not hold Seneca Animal Hospital liable for consequences resulting in my directives.

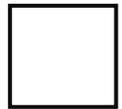
I further understand that SAH will take the utmost care to follow my directives but that the safety of SAH personnel, other boarding guests and my own pet's safety will supersede my directives.

I understand that I am financially responsible for all fees for boarding, products, and services to which I have given consent to in either writing or verbally.

Signature (Owner/Agent)

Date

**We are closed on Mondays from 12:00pm to 2:00pm for staff meetings.
We are open Sundays from 2:00pm to 4:30pm for a fee of \$18.00 to drop off or pick up**



Checked-in By