Boarding Check in Form

Client name: _____

Pet name(s): _____

Today's date: _____

I expect to pick up my pet(s) on _____ (date). Check out time is by 6pm. If I neglect to contact or pick up my pet(s) within 7 days of said date, Raintree Animal Hospital may assume my pet has been abandoned and is hereby authorized to take responsibility for my pet(s) including adoption and/or other options we consider necessary (including euthanasia).

I understand that payment is due in full at the time of pickup. An estimate of services will be reviewed with you. Clients may be required to make a cash or credit card down payment on long-term care, holidays, or at the discretion of management.

I give Raintree Animal Hospital permission to administer all provided medications that are listed below. I understand all medications must be in their original containers and labeled with both my (owner's) name, pet name, dosage, drug name, and veterinarian's name. All medications for off-label purposes must have a written prescription with the use and dosage to be administered. All supplements and over-the-counter medications must be in their original containers or will not be accepted. Any sedatives/calming agents must be under the direction of the pet's veterinarian with a written prescription.

Feeding instructions (amount and frequency):

I have provided my pet's own food: Yes   No

Medications (please include dosage, frequency, and time the last dose was given):

 Please inform us in advance if your pet(s) will have any visitors and/or if someone other than you will be picking up your pet(s). I authorize that anyone listed below can pick up my pet. Please advise that a photo ID is required for visits or pickup. If someone other than you will be picking up your pet payment is due on the date of pick up. Prepaying or having a credit card on file is also an option.

Name: _____ Phone number: _____

Name: _____ Phone number: _____

By signing this Boarding Check in form, I acknowledge that I have read and understand this form.

Signature:_____PrintName:_____Date:_____

Phone Number(s) Where I Can Be Reached: _____