

# Coronado Veterinary Hospital

## Boarding Check-In Form

Patient Name: \_\_\_\_\_ Client Name: \_\_\_\_\_

Check-in Date: ____/____/____	Check-out Date: ____/____/____
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### Vaccine History - Due Dates

Canine: DHPP: \_\_\_\_/\_\_\_\_/\_\_\_\_ BORD: \_\_\_\_/\_\_\_\_/\_\_\_\_ RABIES: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Feline: FVRCP: \_\_\_\_/\_\_\_\_/\_\_\_\_ FELV: \_\_\_\_/\_\_\_\_/\_\_\_\_ RABIES: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Medication Information

1. Is your pet currently on flea control? Yes No  
If yes, when was it last applied? \_\_\_\_\_  
*\*\*PLEASE NOTE: If fleas are found on your pet at check-in, they will be treated with Capstar (a flea medication) that will be applied to the total bill.*

2. Is your pet on any medication(s) besides flea control? Yes No  
If yes, please fill out a section below :

What is the name and strength of the medication? \_\_\_\_\_  
How much is given and how often? \_\_\_\_\_  
When the medication last administered? \_\_\_\_\_

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How much is given and how often? \_\_\_\_\_  
When the medication last administered? \_\_\_\_\_

3. Did you bring your own food? Yes No  
4. How often is your pet fed and how much? \_\_\_\_\_

5. Has your pet eaten today? Yes No  
*If not, would you like us to feed at check-in? Yes No*

(turn to next page)

# Coronado Veterinary Hospital

Boarding Check-In Form (page 2)

6. Did you bring any personal items for your pet? Yes No

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

7. (**Dogs only**) Would you like your pet to receive a bath during their stay? Yes No

**\*\*PLEASE NOTE: additional fees are applied for bathing**

If yes, on what day? \_\_\_\_\_  
*\*\*If bath is requested same day as pick up, pet will not be ready for pick-up until 2pm.*

8. If your pet becomes ill or has medical problems while boarding we may need to administer treatment. Please indicate your treatment preference by initialing one of the options below:

\_\_\_\_\_ NO treatment without contacting me first.

\_\_\_\_\_ Minor treatment not to exceed \$ \_\_\_\_\_

\_\_\_\_\_ Treat as necessary (no monetary limit)

*\*\*\*emergency life-saving treatment will be applied as needed per the veterinarian on duty regardless of choice above  
\*\*\*We will always attempt to contact you via phone before treating your pet.*

Phone #(s) where you can be reached at all times: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone: \_\_\_\_\_

*\*\*\*\*Emergency Contact info will only be used if there is an immediate concern about your pet and we are unable to reach you. Be advised that by listing an emergency contact, you are authorizing that person to make medical decisions for your pet.*

Owner/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_