



**BOARDING EXPRESS CHECKIN FORM**

TODAY'S DATE: \_\_\_\_\_

DATE BOARDING BEGINS \_\_\_\_\_

PET \_\_\_\_\_

**BOARDING**

- My pet will be boarding until \_\_\_\_\_.
- All pets that have fleas will be treated at a cost of \$13.58 per pet
- Yes, we offer long-term boarding! Monthly payments of the current balance are required for pet's boarding beyond one month. It is the pet owners responsibility to contact us to make payments if boarding extends beyond one month. Failing to do so will be taken as abandonment of your pet. We recommend long-term boarders leave a credit card on file for this purpose.

You have my permission to charge my credit card monthly as needed while long-term boarding.

Owner's signature \_\_\_\_\_

As a way of protecting all boarders, we require all of the following vaccinations to be current...

**DOGS**

**RABIES  
DISTEMPER  
PARVO  
CORONA  
BORDETELLA**

**CATS**

**RABIES  
DISTEMPER**

**PLEASE CHECK ONE OF THE FOLLOWING....**

1. My pet has been vaccinated for all the above disease within the last year. \_\_\_\_\_
2. My pet is not current, please vaccinate as needed. \_\_\_\_\_

**CONSENT**

I certify that I am the owner of the above pet and do hereby give my consent and authorize Beechnut Animal Clinic and its staff to perform any procedures or treatments that the doctor deems necessary for health and safety of my pet while under their care and supervision. I do hereby release Beechnut Animal Clinic and its staff from any and all liability for performing the above-mentioned procedures.

I have read this boarding agreement and agree to its terms. I realize that I am responsible for payment in full for all treatments at the time that my pet is discharge. If I neglect to pick up my pet within 12 days of written notice that is ready for release and mailed to the given address, you are then authorized to dispose of my pet as you see fit. Abandonment does not release me from my obligations to pay the bill.

EMERGENCY PHONE NUMBER \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_

## Items dropped off with your pet.

Items to be returned at checkout

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Items not necessary to return at checkout

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Medications and Special Needs

Special diet required:  
Type \_\_\_\_\_  
Amount to feed and frequency \_\_\_\_\_

Treats to feed:  
Type \_\_\_\_\_  
Amount to feed and frequency \_\_\_\_\_

<input type="checkbox"/> <u>Medications</u>	<u>Amount to Give</u>	<u>Frequency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Special Needs:**

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