

Far East Animal Care Center Boarding Check-In

Owner's name: _____

Pet's name: _____

1. In the last 48hrs has your pet shown any of the following symptoms?

Change in appetite?	Yes	No	Coughing/Sneezing?	Yes	No	Vomiting?	Yes	No
Change in activity level?	Yes	No	Change in water intake?	Yes	No	Diarrhea?	Yes	No
Itching/Scratching?	Yes	No	Change in urine output?	Yes	No	Runny Nose?	Yes	No
						Runny Eyes?	Yes	No

2. Does your dog bite / act aggressive to other dogs? Yes No

3. Does your dog bite / act aggressive to people? Yes No

4. Please describe any physical problems your pet has: _____

5. Is your pet currently taking medications? Yes No If yes, what? _____

A. How often? _____ B. Last given? _____

6. Authorization for visitors? Yes No

(ALL visitations are indoors and ONLY with individual(s) named here:

7. Authorization for release at check-out to individual other than owner? Yes No

Release to: _____

8. Check-out Date: _____ Time of day: _____

Any pet needing special monitoring, testing, and/or administration of a medication (other than a food supplement or vitamin) will be charged an extra fee. **Additional fee \$5.00-\$10.00 per day.**

If your pet becomes ill while boarding, do you prefer we provide the appropriate medical treatment first and then notify you, or call your emergency number first for authorization before providing medical treatment?

CIRCLE ONE: Treat First Call First

Please note: Emergencies will **ALWAYS** be treated immediately!

Emergency phone number where you can be reached: () _____

Email address: _____

I acknowledge that the information provided on this form is accurate and true. I understand that I am responsible for all charges incurred during my pet's stay as stated in the boarding agreement, and that any medical treatment rendered will also be at my expense. I understand that this is a boarding facility and that my pet may not leave as clean as when it entered, and I will not hold this facility responsible for toys/bedding items that are left with my pet while boarding. I understand that this is not a 24hr facility and that my pet will not be monitored or observed during overnight non- business hours.

Owner's Signature: _____

Date: _____

Far East Animal Care Center Additional Services Form

If you would like for us to provide any additional service(s) for your pet during its stay, check the service(s) in the categories below. Please ask the receptionist for specific fees.

**** Medical and grooming service(s) must be scheduled as an appointment.**

Medical Services: Provided by the Veterinarian and /or Medical Staff

- Wellness Exam
- Canine Vaccinations (pet(s) MUST be current on ALL vaccines)
- Canine Bordetella Vaccination (MANDATORY to board a pet(s))
- Feline vaccinations
- Dental
- Spay
- Neuter
- Heartworm Test
- Heartworm preventive
- Microchip
- Anal Gland Expression: Internal and external area
- Nail Trim
- Ear Cleaning
- Other: _____

Initials: _____

Date: _____