



MARIN PET HOSPITAL BOARDER CHECK-IN AND NOTICE OF BOARDING POLICIES

****PLEASE FILL OUT THIS FORM COMPLETELY-----THANK YOU****

Client name: _____ Pet's Name: _____

Breed/Description: _____

Date of Drop Off: _____ Date of Pick up: _____

Emergency Contact Name(s) & Number(s): _____
(please provide number(s) where you or a responsible agent is reachable)

Kennel's food _____ Owner's food _____ How often?: _____ How much?: _____
(We feed Whiskas wet and dry-cats, IAMS Mini Chunks, and Pedigree canned food-dogs)

Next Meal Due: _____

Current Medical Problems: _____

Procedures to be done (if any): _____

Please call with an estimate of recommended treatments upon completion of exam: YES NO (circle one)

Medications: _____ Directions: _____ Next dose due: _____

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Medications: _____ Directions: _____ Next dose due: _____

List toys, blankets, carriers, etc: _____
(These items are permitted but not recommended due to destructiveness or soiling. Do not leave anything of value, as items may be lost or damaged. For safety reasons, toys will be given at staff's discretion.)

*****MARIN PET HOSPITAL'S BOARDING POLICIES*****

Please initial each statement as an acknowledgement that you have read and understand our boarding policies.

_____ Any medications or special treatments and diets will be administered at an additional charge.

_____ All vaccinations must be current and verifiable for admission to board, and if not, will be administered and charged to the client.

_____ Pets picked up BEFORE 2 p.m. will not be charged the daily boarding rate for the day of pick up.

_____ Pets picked up AFTER 2 p.m. will be charged the daily boarding rate for the day of pick up.

_____ I authorize Marin Pet Hospital to treat my pet(s) during my absence for any medical problems or emergencies.

Signature: _____

Owner or responsible agent