BOARDING CHECK-IN

Today's Date _____
<contact> <client>
<animal>

NOTE: ***WITH A WIDESPREAD OUTBREAK OF KENNEL COUGH OCCURRING IN OKC, PLEASE INFORM THE RECEPTIONIST IF YOUR DOG IS DOING ANY COUGHING.***

WARWICK ANIMAL HOSPITAL IS COMMITTED TO YOUR PET'S WELFARE. ***FOR THE PROTECTION OF YOUR PETS AND THE OTHER PETS IN THE HOSPITAL, WE REQUIRE ALL PETS TO BE CURRENT ON VACCINATIONS AND AN ANNUAL INTESTINAL PARASITE EXAM.*** **TO HELP US ASSURE YOUR PET A PLEASANT AND HEALTHY STAY, PLEASE COMPLETE THE FOLLOWING INFORMATION.**

1) Please list all your pets belongings and describe them as accurately as possible. Be sure all items are labeled with your pet's name and your last name. **Warwick Animal Hospital is not responsible for lost items.**

a)_____ b)_____

c)_____ d)_____

2) My pet's usual diet is: _____ Brought own food?_____
brand/type

3) Does your pet have fleas or ticks? Yes____ No____ If yes, then pet will be treated at owner's expense.

4) I request the following services while my pet is boarding: (i.e. bath, nail trim, exam by doctor, vaccinations, surgery, professional grooming, etc.) **Additional fees for these services will be charged.**

_____

_____

5) I will pick up my pet on _____, _____ at _____ a.m. /p.m.
(day) (date) (time)

PETS PICKED UP ON SUNDAYS OR HOLIDAYS WILL INCUR AN $17.00 PARTIAL DAY BOARDING FEE. HOLIDAY PICK UP WILL BE $19.

6) a) In case of an emergency, I may be reached at_____
b) If unavailable to be reached personally, please list the name and phone number of someone who is authorized to make a decision regarding your pet's care.

_____ _____
(name) (phone)

IF MY PET SHOULD BECOME ILL WHILE BOARDING AND I AM UNABLE TO BE REACHED, I AUTHORIZE WARWICK ANIMAL HOSPITAL TO TREAT AS DEEMED NECESSARY.

SIGNED_____

MUST BE SIGNED

YOUR COOPERATION IN HELPING US PROVIDE YOUR PET WITH THE SPECIAL CARE AND THE PERSONAL TOUCH HE/SHE DESERVES IS APPRECIATED.

Dr. R.C. Hope, Dr. Krista Vega, Dr. Shelly Ashley, Dr. Andy Cooper and Dr. Brett Boatsman and the Staff of Warwick Animal Hospital

RECEPTIONIST_____ ADMITTING ASSISTANT_____

WARWICK ANIMAL HOSPITAL

BOARDING PLAYTIME

Warwick Animal Hospital now offers playtime while <animal> is staying at our hospital. We have a new 6,000 square foot fenced in grass area for <animal> to exercise and play.

<Animal> will be off a leash under supervision of one of our staff members. There will be no other dogs in the area except <animal>. A Warwick Animal Hospital employee will be playing and interacting with your pet during playtime.

Warwick Animal Hospital will be offering 15-20 minutes of playtime for a fee of $10.00 per session for one dog, $17 per session for 2 dogs, and $18 per session for 3 or more.

These playtime sessions do not replace, but will be in addition to the leash walks <animal> gets three times daily.

I would like <animal> to have _____ play sessions **per day** while here boarding.

I hereby consent and authorize Warwick Animal Hospital staff to have <animal> outside the hospital in the fenced area. I understand that <animal> will not be on a leash during these playtime sessions.

If there is inclement weather and we are unable to do playtime, there will be no charge for any missed sessions. The session will be moved to the following day.

Signature_____

Date_____

For Hospital Use Only

Animal's Name _____

Boarding Dates _____

Number of playtimes per day _____