Pets Name: _____

Last Name: _____

ALERTS:	
ALLERGIES:	
Vaccinations:	

Date In: _____ / _____ / _____ **Date Out:** _____ / _____ / _____ **Checkout Time:** _____ **AM / PM**

Procedures: Vaccinate? ❑ Yes ❑ No ❑ Other: _____

Bath? ❑ No ❑ Yes Shampoo: _____ **(BATHED ANIMALS WILL BE READY AFTER 3 PM)**

Food: ❑ House ❑ Own _____ Purchase? ❑ Yes ❑ No

If boarding more than one pet, may they board in the same space? ❑ Yes ❑ No

Please List Any Medications you would like administered during boarding:

Medication(s)	Frequency	Source
M1:		
M2:		
M3:		
M4:		

Personal Belongings:
(List any personal belongings that you will bring with you at check in)

Emergency Contact Info: Should this pet identified above become ill, I hereby request Breckinridge Park Animal Hospital to provide all responsible medical & surgical treatment it deems necessary, not to exceed $ _____ . I acknowledge that in the case of my pet's illness, the staff may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I or an agent can be reached. I agree to pay all related expenses associated with the treatment of this pet until I am able to discuss further care with the attending veterinarian.

Signature: _____ **Emergency Contact:** _____
Emergency Phone #: _____

FOR OFFICE USE ONLY

Date	BM		Urine		Ate		Drank		Abnormalities	M1				M2				M3				M4			
	AM	PM	AM	PM	AM	PM	AM	PM																	
										1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
										1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
										1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
										1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
										1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
										1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
										1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
										1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4

Capstar Given for fleas: ❑ **Blue** ❑ **Green** **Checked In By:**