

BOARDING CHECK IN

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Sunset ANIMAL HOSPITAL

PATIENT INFORMATION

Patient Name _____ Client Name _____

Arrival Date _____ & Time _____ Departure Date _____ & Time _____

EMERGENCY CONTACT: Name _____ Phone _____

This person has the authority to make all decisions related to this pet's medical care when client cannot be reached.

INSTRUCTIONS: Diet _____ Dry _____ Canned _____ Supplied by: Client _____ Clinic _____

Feeding Instructions _____ Begin AM PM

Yes No Bath the morning of discharge? SPECIAL: 30% off all baths for any boarding stay. We will call when the bath is complete.

Yes No Would you like any veterinary services performed during your pet's stay?
If so, please list: _____ Doctor Preference? _____

Yes No Boarding in same enclosure as another pet? If yes, please fill out additional AA Board Multi-Pet Auth. Doc form at arrival.

Yes No Board Special Care (Cat or Dog) charge needed? (If pet has Diabetes, Seizures, or Heart Disease - If yes, discuss price difference)

Yes No Medication Administration Required?
Med: _____ Instructions _____ Begin AM PM
Med: _____ Instructions _____ Begin AM PM
Med: _____ Instructions _____ Begin AM PM

Yes No Personal Items? Please describe each item in detail here:

_____ I acknowledge that Sunset Animal Hospital (SAH) is "flea free" boarding facility. If live fleas or ticks are found, an additional treatment will be administered at the owner's expense.

_____ I acknowledge that the boarding is charged per day, not per night, because all the pet care occurs during the day. There is always a charge for the day of check-in regardless of the time of check-in. The check-out time is at 3pm each day, and if I check my pet out after 3pm then I will be charged for a full day of boarding on the day of checkout. Checkout prior to 3pm will result in no-charge for the day of checkout.

_____ I acknowledge that proof of vaccinations that meet the standards for sufficient protection in a commingled boarding environment are required. If proof is not provide, doctors of SAH will administer necessary vaccines, including required physical exam, at owner's expense. Rabies (K9, Feline), Distemper (K9, Feline), Bordetella (K9), Influenza H3N8 (K9), Influenza H3N2 (K9). I acknowledge that vaccines do not provide full protection until 1-3 weeks after administration, and some vaccines require a booster 2-4 weeks later for full protection. I understand that if my pet is being vaccinated for the first time he/she may be more susceptible to disease, particularly upper respiratory disease, and thus do not hold SAH liable for cost of treatment or medications should my pet become ill during a boarding stay.

_____ I acknowledge that SAH will attempt to contact me in the event that unexpected medical attention is deemed necessary by the medical staff. **If we are unable to contact you, I grant SAH permission to treat as follows:**

Treat minor issues (ear/skin/eye infections, diarrhea?) Yes \$ _____ Max amount authorized No (until reached)

Any emergency procedures? Yes \$ _____ Max amount authorized No (until reached)

Best way to contact: Cell Phone _____ Text @ _____ Work Phone _____
Home Phone _____ Email _____

Charges for services, medications, and supplies are due upon discharge. Payment can be made by cash, check, or credit card. If you neglect to pick your pet up or contact us to extend boarding stay and we are unable to contact you with reasonable effort, pets are considered abandoned after 10 days. If abandoned, we reserve the right to make arrangements for the pet as we deem necessary. I release SAH from all liability and have read and do understand this form.

Download this form, fill it out and e-mail it to csr.sunset@sunsetanytime.com or print it and bring it in with you to your appointment. We will review it and collect your signature when your pet arrives.

Print _____ Sign _____ Date _____

OFFICE USE ONLY Checked in by _____ Is the patient current in the following areas / is all verified?

Rabies: Yes No **FVRCP:** Yes No **DHPP:** Yes No **Bordetella:** Yes No **CIVh3n8:** Yes No **CIVh3n2:** Yes No

HWT: Yes No **Intestinal Parasite Test:** Yes No **Wellness Exam:** Yes No **All other vx:** Yes No

Discuss w/ client: Yes No **Multi-Pet Auth. Doc** if staying in same enclosure as another pet: Complete/scanned/attached Not Applicable

Are all other services (groom, bath, vet) scheduled in the appointment screen? Yes, verified Not Applicable

_____ **Verify** pet is checked into board as "status" of: Boarding = boarding, Other = Board Extra Care, Hosp = hospital boarding only