

**Care Animal Hospital**  
**Patient Boarding Check-In Form**

Owner/Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone : \_\_\_\_\_ Cell: \_\_\_\_\_

**Patient Information**

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Date and place of last vaccinations: \_\_\_\_\_

All boarding animals must be current on all vaccinations and free of parasites like fleas and ticks or they will be treated at the owner's expense.

Date In:	Date Out:
Bath: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please call before coming to make sure your pet is dry	Nails/anal's with bath: Yes <input type="checkbox"/> No <input type="checkbox"/>
Belongings:	Feeding instructions:
Emergency contact #:	Medications:

**Other Instructions:** \_\_\_\_\_

\_\_\_\_\_

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_