



CHATEAU ANIMAL HOSPITAL

Boarding Check-in Form

Date: _____ Owner: _____

Address: _____
(Street) (City) (State) (Zip code)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Spouse/Co-Owner: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact Name: _____ Phone: _____

Drop Off Date: _____ Drop Off Time: _____

Pick Up Date: _____ Pick Up Time: _____

Feeding Instructions: _____

List all belongings staying with your pet(s). _____

- Are there any services your pet(s) will need while boarding with us?** Annual Wellness Exam Vaccines Nail Trim
 Spa Package Microchip Dental Exam/Cleaning Senior Pet Labs/Ultrasound of Organs Spay/Neuter Procedure
 Dermatology (Skin) Evaluation Nutritional Evaluation (Overweight pets) Behavioral Consultation Pet Claws Removal
 New Toy/Treat Cyst/Lump Evaluation Limp or Gait Evaluation DNA Test {Mixed Breeds} Other _____
Flea/Tick Treatments are the responsibility of the pet owner. Does your pet need to be treated with Frontline, Comfortis, or Capstar today? Yes No Client Initials _____ *(If a client declines treatment and fleas/ticks are present, CAH reserves the right to treat the pet at the owner's expense.)*
 Grooming (Describe style) _____
 Bath (It's suggested that all pet boarders staying 3 or more days should be bathed for hygiene purposes.)
 Check and initial if Client wishes to decline bath – *Client Initials* _____

PET HEALTH HISTORY

Name of Pet #1: _____ Dog Cat Other _____

Breed: _____ Color: _____ Birthdate/Age: _____

Vaccination History (Date and type of last vaccines; if uncertain, please list Veterinary Clinic Name and Phone Number):

Pet's Current Medications and Dosing Times: _____

Describe Your Pet's Diet: _____

Name of Pet #2: _____ Dog Cat Other _____

Breed: _____ Color: _____ Birthdate/Age: _____

Vaccination History (Date and type of last vaccines; if uncertain, please list Veterinary Clinic Name and Phone Number):

Pet's Current Medications and Dosing Times: _____

Describe Your Pet's Diet: _____

Method of payment: Master Card Visa Discover American Express Check Cash

Owner/Agent's Signature: _____ Date: _____