



BOARDING GUEST CHECK-IN FORM

5998 US HWY 41 S
 Apollo Beach, FL 33572
 Phone (813) 645-9567
 Fax (813) 645-577

Thank you for choosing Apollo Beach Animal Hospital!

Please fill out this form and bring it with you when checking in your pet. Please print. You may attach a separate sheet.

OWNER/CLIENT INFORMATION		
Owner's Name / Client Number		Owner's Phone
Pet's Name		Pets weight:
Check-in Date	Pick-up Date	Pick-up Time (Approximate)
Emergency Contact		Emergency Phone

SPECIAL INSTRUCTIONS	
*****PLEASE READ: BY BOARDING YOUR PET WITH APOLLO BEACH ANIMAL HOSPITAL, YOU ARE CONSENTING TO ANY TREATMENT YOUR PET MAY NEED, UP TO \$150, IF YOUR PET EXPERIENCES SICKNESS WHILE BOARDING. IF YOU DO NOT CONSENT TO THESE TERMS, WE ARE UNABLE TO ACCOMMODATE YOUR BOARDING REQUEST. *****	
Would you like your pet to have a bath before going home? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If getting bathed, please pick up your pet after 3pm Monday-Friday. If it is necessary to pick up early Monday morning, the bath will be given Saturday. Please bring any medicated shampoo with you at check-in.	
All guests staying in our facility are required to be up-to-date on vaccines and flea & tick prevention and HWP for dogs. The requirements are as follows: Dogs: Physical exam within year, Bordetella every 6 months, Distemper, Leptospirosis, Rabies, and Intestinal Parasite Screening Cats: Physical exam, Feline Distemper, Rabies, and Intestinal Parasite Screening *If your pet is not up-to-date, these services will be performed upon arrival, unless waived by a doctor for medical reasons. *It is our policy that all pets (dogs) receive a dose of Flea & Tick Control upon arrival, if not current in the past 30 days.	
Has your pet had recent bouts of coughing, sneezing, vomiting, diarrhea, lameness, or limping? *Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:	
*Please explain any other concerns about your pet that you would like the Veterinarian to evaluate while your pet is staying with us:	
Please list any other special needs or instructions for your pet while staying with us:	
*If your pet is being seen by a doctor, which do you prefer? (Please check one) <input type="checkbox"/> To be called with the exam results <input type="checkbox"/> To have a scheduled time to go over the exam at pick-up	

Feeding

Brand of food: _____ Dry Canned

Amount: _____ How often: _____

Special Instructions: _____

Medications

Medication: _____ Dose: _____ AM NOON PM

Medication: _____ Dose: _____ AM NOON PM

Medication: _____ Dose: _____ AM NOON PM

Medication: _____ Dose: _____ AM NOON PM

FOR YOUR PETS SAFETY-Towels/Blankets/Beds: (Please check one)

My pet is allowed to have them My pet is NOT allowed to have them

UPON AUTHORIZATION, IN THE EVENT YOUR PET CHEWS OR INGEST A TOWEL OR BLANKET, APOLLO BEACH ANIMAL HOSPITAL WILL NOT BE FINANCIALLY RESPONSIBLE FOR THE NECESSARY TREATMENT.

Belongings

Please list any items you are leaving with us

SIGNATURE

By signing this document, you understand that leaving any belongings, including leashes, collars, blankets, and/or toys, will be at your own risk, and you will not hold Apollo beach Animal Hospital responsible for any lost or damaged items. I also authorize the use of appropriate anesthetics, and other medications, and I understand hospital support personnel will be employed as deemed necessary by the veterinarian. I realize results cannot be guaranteed

***Additional fees apply for:**
Boarding with Special Medications/Diet
Boarding with Medical Condition

Owner Signature _____

Date _____

WE ARE NOT A HURRICANE SHELTER

Please be aware that Apollo Beach Animal Hospital is in a flood zone. If an evacuation was to be ordered and the roads became flooded and inaccessible, there may be periods of time when your pet will be unattended Therefore, I relieve Apollo Beach Animal Hospital and staff of any liability for injury to my pet while boarding during hurricane season.

Admitted by _____

Lead Sign Off _____