



Shamrock Animal Hospital Boarding Form

Thank you for entrusting Shamrock Animal Hospital with the care of your pet. In order to streamline the boarding check-in process, please complete this form prior to drop off. If boarding multiple pets, please fill out a separate form for each pet.

Your Name:

Pet Name:

Emergency Phone
Number: _____

Arrival Date: _____ Departure Date:

If you are boarding multiple pets, are they boarding together? ____ Yes ____ No

If they are boarding together, must they be separated while eating? ____ Yes ____ No

Do you plan for someone other than yourself to pick up your pet? ** ____ Yes ____ No

If yes, who is authorized to pick up your pet?

***All boarding expenses must be paid at pick up, regardless of who is authorized to pick up your pet. Please arrange for your authorized pick-up person to take care of payment at pick up or arrange for payment prior. We can accept payment by phone or online payment link.*

Feeding Instructions:

() My pet is bringing their own food. (Recommended)

() Please feed my pet the kennel food. **

**The kennel food is Hill's Science Diet Adult Sensitive Stomach & Skin Chicken Recipe Kibble

Please list instructions. How often do you feed your pet, and how much?

My pet has food restrictions/allergies. Please explain below:

Eating Habits:

- My pet is a hearty eater.
 My pet can be picky.

Is it OK if our staff mixes Hill's Canned i/d into meals if your pet isn't eating? Yes___
No___

Medication Instructions:

Please have your pet bring all medications with them for their boarding stay. If you need refills of medications originally prescribed by us, please let us know at drop off. There will be costs associated with refilling medications.

1. Medication Name / Instructions / Last Dose Given

2. Medication Name / Instructions / Last Dose Given

3. Medication Name / Instructions / Last Dose Given

4. Medication Name / Instructions / Last Dose Given

Behavior Notes:

Please check any of the following that apply to your pet:

- Separation anxiety Destructive chewing (bedding, etc) Jumps fences
 Toy/food possessive (resource guarding) Excessive barker Dog aggressive

Additional Requested Services

() Bath prior to departure

*** Pets are bathed the morning of their departure. If your pet is departing on a Saturday, they will be bathed the day before. Please plan to pick your pet up after 2:00PM Monday through Friday to allow us time to bathe your pet. **There is an extra cost associated with requested baths. Baths include the bath itself, nail trim/dremel, and ear cleaning.**

() Nail Trim/Dremel

() Anal Glands

() Vaccination. Specify which are needed: _____

() Heartworm Test

() Fecal Test

() Examination by doctor. Specify pet's issue: _____

There are extra costs associated with additional services requested.

Your pet is required to be vaccinated prior to their stay with us. For dogs, we require rabies, bordetella, and distemper/parvo vaccinations. For cats, we require rabies vaccination. It is highly recommended that all boarders are kept on a flea preventative. If pets are overdue for vaccinations, we can administer them upon drop-off; however, it is highly recommended that these be up to date at least two weeks prior to drop-off.

Additionally, upon arrival, your pet(s) will be given a weight-appropriate dose of Capstar. Capstar is a medication that kills fleas on your pet and ensures that we can keep our facility free of fleas for the comfort and safety of all patients and pets that are boarding. There is a cost associated with this, which will appear on your invoice at check-out.

Additional Information

Please let us know if there is anything else we should know about your pet:

I have verified the information provided in this form regarding the care of my pet(s) while under the supervision of Shamrock Animal Hospital. Additionally, I acknowledge that I have reviewed a copy of Shamrock's Boarding Care Guidelines Sheet and understand that my pet(s) may require medical care provided by Shamrock and that I am responsible for the costs associated with that care.

_____ Date

Owner's Signature