



# Crooked Creek Animal Hospital

601-854-7808 \*\* 601-854-7810 (fax)

[www.crookedcreekanimal.com](http://www.crookedcreekanimal.com) \*\* [ccanimalhospital](http://ccanimalhospital)

## Boarding Check In Form

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_  
Best number to reach you: \_\_\_\_\_ Emergency number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Can you receive picture texts? Y / N

Is Crooked Creek Animal Hospital your primary vet clinic? Y / N

If not, name and phone number of primary vet clinic \_\_\_\_\_

Is your pet allergic to any medications, vaccinations, or anesthesia? Y / N

Has your pet had an injury or illness in the last 30 days? Y / N

If so, please give details/treatment \_\_\_\_\_

Is your pet currently on medications which need to be given during his/her stay? Y / N

If yes, list information: (there is a fee of \$3.00/day for administering your pet's medications)

<u>Medication</u>	<u>Amount</u>	<u>Frequency</u>	<u>Reason for Medication</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### **CCAH uses Science Diet to feed our guests, or you may bring food of your own.**

Did you bring food for your pet? Y / N If so, what kind, how much should be given, and how often?  
\_\_\_\_\_

Did you bring treats for your pet? Y / N If so, what kind and how often should they be given?  
\_\_\_\_\_

If multiple dogs are boarding, can they stay together? Y / N

If multiple dogs are staying together, can they eat together? Y / N

Is it OK to add in canned food if your pet is not eating while boarding? Y / N

Belongings – Please list any toys, bedding, etc. that you will be leaving with your pet. Please label these items if at all possible prior to leaving with staff.  
\_\_\_\_\_  
\_\_\_\_\_

If there are veterinary services you would like done while your pet is in our care, please list them below. (Items such as vaccinations, anal gland expression, ear check, skin check etc.)  
\_\_\_\_\_  
\_\_\_\_\_

I request NO veterinary services be performed during my pet's stay.

*Please list any pre-existing conditions that might help the kennel staff care for your pet while they are staying with us. (Such as arthritis, diabetes, limp, lumps, anxiety, food aggressive, climbing, etc.)*

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My pet has no pre-existing conditions requiring attention.

**Thank you for choosing our hospital to board your pet.** We provide quality boarding with a personal touch. Every attempt will be made to give each pet individual love and attention during their visit with us. While staying with us, your pet will be under the supervision of our animal health technicians. We strive to maintain a sanitary and healthy environment for all our guests.

**Vaccinations:** All pets must be up to date on their required vaccinations, and it is the owner's responsibility to make sure that proof of current vaccinations is on file with the hospital at the time of admission. If vaccinations have been administered at another veterinary hospital, and closed at the time of admission, without proof of vaccinations on file with our hospital, the vaccinations will be brought current at the time of admission and the client will be charged accordingly. Boarding animals less than five (5) months old, and/or under three (3) pounds is not recommended because they may not have developed complete immunity. Pet owner assumes responsibility should your pet become ill as a result. (Required vaccinations can change without notice based on veterinary standards and clinic policy)

***DOGS REQUIRE: Rabies and Bordetella***

***CATS REQUIRE: Rabies***

**Internal/External Parasites:** All pets must be free of parasites, including fleas and ticks. We require either Capstar or Frontline (or the equivalent) if parasites are present. These will be administered if indicated and the client will be charged accordingly.

**Rates and Payment:** Dog boarding rates are based on weight. Other services provided to your pet during boarding are charged at regular cost. Payment in full is expected when your pet is discharged. Rates are calculated on a daily basis.

**Personal Belongings:** Feel free to bring any toys, treats, or personal items for your pet to make his/her stay more comfortable. A blanket/towel is supplied to all our guests. If needed, you may bring your own bedding, but please be advised personal bedding can become soiled, misplaced or damaged in the process of cleaning. Large dog beds most likely will not be able to be washed. We cannot be responsible for any items that are lost or soiled. *Collars and leashes may not be left at any time.*

**Medical Attention:** If your pet needs medical attention, we will call you or the emergency number that was given to us on admission. If we are unable to contact you or the emergency contact, your pet will be treated as we deem necessary, at normal hospital fees.

\_\_\_\_\_ I understand that if I cannot be reached, I am responsible for the fees of medical treatment

**Inherent Conditions:** Occasionally pets may develop problems from environmental and dietary changes. Signs may include: vomiting, diarrhea, coughing, sneezing, and self-trauma such as injuries due to jumping, climbing, scratching, or biting their skin. We take great care so that these problems won't occur and we treat our guests promptly, if needed. **However, please be aware and understand**

**that these conditions can develop and that the hospital is not financially responsible for these inherent conditions if they do occur.**

**Abandonment:** Please notify us if there is any change of plans in your pet’s scheduled release date. If you do not notify us of a change in your pet’s departure date and either we do not hear from you or we are unable to contact you or your authorized agent for a period of 14 days after your pet’s scheduled release date, the hospital will consider your pet abandoned according to the animal abandonment laws of this state. Please be advised that the pet owner will be responsible for the fees accrued and any other fees or legal services incurred by the hospital as a result of the abandonment.

**Please initial here \_\_\_\_\_ to indicate that you have read and understand the boarding policies listed above.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date