

Boarding Check-In Form

We at Westside Veterinary Clinic are pleased that you have trusted us with the care of your pet. Being in unfamiliar surroundings is stressful to all of us including our pets. In order to help us make your pets stay as comfortable and stress-free as possible please take time to read the following information and indicate your preferences where needed.

Drop-off and Pick-up: Clinic hours are **M-F 8-5:30pm, Sat. 9-Noon.** For the security of your pet, clinic staff is **not** allowed to send pets' home outside regular clinic hours.

Outside Walking: All reasonable precautions will be used to prevent injury and the escape of your pet when walked twice daily. We are not responsible for actions of your pet that may cause injury or escape. We will not walk animals that are aggressive, frightened of the leash or that we consider at risk of escaping.

Bathing: We offer a discounted bath the day your pet goes home. This includes clipping their nails, cleaning their ears, and expressing their anal glands.

Personal Items: Any items that you are leaving with your pet must be listed below. This includes food, medications, leashes, collars, bowls, toys, etc. Please provide a brief description to help us identify these items. **We cannot be responsible for any item not listed here.**

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- * I would like my pet bathed on scheduled day of pick up for a cost of \$15.00.
I understand my pet may not be ready for pick up until after 3pm if bathed. ___ Yes ___ No
 - * I understand the risks involved and give my permission for my pet to be walked outside on a leash during its stay. ___ Yes ___ No
 - * Is your pet on flea/tick prevention? ___ Yes ___ No
 - * If yes what kind of prevention and last time it was administered? _____
 - * I understand I am responsible for the cost of treatment if my pet presents for drop off with ectoparasites (fleas, ticks, etc.) The cost of treatment will not exceed \$25. _____ Initials

Signature: _____

Emergency Contact #: _____

Once again, thank you for entrusting your pets care to us at Westside Veterinary Clinic.

For Clinic Use Only:

Patient ID# _____ Pet Name _____

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