



Capital Heights Veterinary Clinic

BOARDING CHECK-IN FORM

Today's date: ___/___/___

Date of pick up: ___/___/___

***If your pet needs a bath and/or nail trim, you may pick them up after 12pm.**

Owner's name: _____

Contact phone: _____

Emergency contact: _____

Phone: _____

Pet's name: _____

Pet's name: _____

Food amount: AM-_____ PM-_____

Food amount: AM-_____ PM-_____

Own food (____) Clinic food (____)

Own food (____) Clinic food (____)

Has your pet eaten today? Yes (____) No (____)

Has your pet eaten today? Yes (____) No (____)

Bath? (Dogs only) Yes (____) No (____)

Bath? (Dogs only) Yes (____) No (____)

Nail trim? Yes (____) No (____)

Nail trim? Yes (____) No (____)

Good w/ other dogs? Yes (____) No (____)

Good with other dogs? Yes (____) No (____)

Meds instructions? (Additional \$2/day fee may apply): _____

Meds instructions? (Additional \$2/day fee may apply): _____

Belongings: _____

Belonging: _____

Do you consent to having your pet's picture on the Camp CHVC Facebook Group? YES / NO

Emergency Information: (please initial one)

____ Please perform any medical treatment the doctor deems necessary for the best care of my pet until me or my emergency contact can be reached. This includes non-elective treatments and any necessary diagnostics.

____ Please do not administer any medical treatment until specific authorizations are given.

I fully intend to pick up my pet(s) on the above date specified. If any circumstances change, I will notify the clinic of the new pick up date.

To the best of my knowledge my pet(s) is/are healthy upon drop off for boarding.

Signature: _____ Date: _____

Employee Use Only Please initial when done:

Employee at check-in: * _____

Pet(s) weight at check-in": _____ Capstar _____