

# Montana Veterinary Hospital Boarding Check-In Sheet

**\*WE DO NOT ACCEPT AGGRESSIVE DOGS FOR BOARDING\***

**Pet's Name** \_\_\_\_\_

**Owner's Name** \_\_\_\_\_

**Date In:** \_\_\_\_\_ **Pick-up Date:** \_\_\_\_\_

**Alternate Contact in case of emergency:** \_\_\_\_\_

**Alternate Contact Number:** \_\_\_\_\_

\*Please provide an alternate contact in case your pet shows aggressive behavior towards staff. They will be contacted to pick-up and arrange for alternate housing immediately.

**We offer these food choices for your pet, Please circle one:**

**Science Diet:**

Maintenance - i/d - r/d

Sensitive Stomach - w/d

**iVet:**

Adult - Reduced Fat

Senior - Puppy

**Brought Own Food**

How many 8oz cups of food do you feed \_\_\_\_\_ cups AM \_\_\_\_\_ cups PM

**Medications? Please List** \_\_\_\_\_

**Have medications been given today?** \_\_\_\_\_

**Bath and Brush? (10% off regular prices for boarders) Yes \_\_\_ No \_\_\_**

**Nail Trim? Yes \_\_\_ No \_\_\_**

**Would you like your dog de-wormed while here? Yes \_\_\_ No \_\_\_**

**Would you like your dog heart worm tested while here? Yes \_\_\_ No \_\_\_**

**Is your dog a: Fence Jumper \_\_\_ Digger \_\_\_ Gate Opener \_\_\_**

**Aggressive Dog:**

I certify that my dog has shown no overtly aggressive behavior to humans, this includes but is not limited to: growling, snapping, biting, lunging, attacking, etc... If my dog shows this type of aggression while boarding at Montana Veterinary Clinic they have the right to call me and/or my designated alternative contact to have the dog removed from the premises and housed elsewhere.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Belongings:** \_\_\_\_\_

- We highly recommend that dogs not chew on rawhide bones while they are boarding with us. There is a high risk that they may chew off pieces that can cause an obstruction, which may need emergency surgery to correct. If you would like your dog to chew on rawhides while here, please sign this release allowing the doctor at Montana Veterinary Hospital to perform emergency diagnostics and/or surgery to correct an obstruction. All costs incurred during this event are due upon discharge by owner.

• \_\_\_\_\_ **Date:** \_\_\_\_\_

**Vaccinations Required for Boarding: Distemper, Rabies, and Bordetella**

In the event of an emergency with my pet, Montana Veterinary Hospital has my permission to provide health care to my above named animal(s). After hours emergencies will be treated at our satellite clinic, P.E.T.S. Also, if any vaccinations are not current, Montana Veterinary Hospital has permission to administer the above mentioned required vaccinations with a wellness exam. If any boarding animal is found with internal or external parasites they will be treated at the owners expense.

**Owners Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_