

**Clanton Animal Hospital**  
**BOARDING CHECK-IN**  
**Monday-Friday 8am-4:30pm**

Pet Name \_\_\_\_\_

**REQUIRED**

Dogs must be current on the following vaccines: Distemper/Parvo, Bordetella (kennel cough), and Rabies. Cats must be current on the following vaccines: Feline Distemper feline bordetella (kennel cough) and Rabies. All pets must be free of fleas. If we see any fleas on your pet while boarding, we will treat your pet by administering a Capstar pill, which will be applied to your bill.

**BOARDING INFORMATION:**

**FOOD:** We provide a dry sensitive stomach diet. Special diets and canned food pulled from the shelf will be applied to your bill.

**MEDICATION:** If your pet is on any medication, you should bring enough for your pet's stay with us. Medication pulled from the shelf will be applied to your bill.

**BATH:** All dogs receive a complimentary bath if they stay with us five nights or longer. The bath is performed on the morning they are scheduled to be picked up. If you plan on an early pick up, please call ahead. Cats do not receive a complimentary bath.

**PERSONAL ITEMS:** Personal items for your pet are strongly discouraged due to safety concerns. We ask that you take your pet's leash and collar with you and bring them back when you pick up your pet. CAH will not be held liable if your pet destroys or is injured by the personal items you choose to leave/have provided while boarding. If requested, AMC will provide blankets and toys for boarding pets. CAH will not be responsible for lost personal items.

**COMPLETE THE FOLLOWING:**

- Does your pet have any allergies or allergic reactions to food, vaccines, or medications?  
No: \_\_\_\_\_ Yes: \_\_\_\_\_ If yes please list: \_\_\_\_\_
- My pet has the following possessions: \_\_\_\_\_
- I would like for CAH to provide a soft, snuggly blanket for my pet at no extra charge.
- You have my permission to treat my pet if it should become ill while boarding.
- Did you bring your pet's food? Yes \_\_\_\_\_ No \_\_\_\_\_  
-Feeding Instructions: Amount to be fed: \_\_\_\_\_ How often: \_\_\_\_\_
- Is your pet on medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give instructions below:

Medication:	Instructions:	Next Dose is Due:

Number(s) where I can be reached: \_\_\_\_\_

Emergency contact numbers: \_\_\_\_\_

By signing this form I acknowledge all of Clanton Animal Hospital's requirements, recommendations, and additional charges for my pet's stay:

Sign: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_