

Paws Inn Animal Hospital Boarding Check-In

Pick up/Drop off times:

- Monday, Tuesday, Thursday, Friday- 10:00 am – 12:30 pm and 2:00 pm – 4:45 pm
 - Wednesday- 10:00 am – 3:30 pm
 - Saturday- 9:30 am – 11:45 am
- **Early/late pick up charge of \$35 will apply to each pet picked up before or after corresponding times**

Pet(s) Name: _____ Date of Drop Off: ___ / ___ / ___ Date of Pick Up: ___ / ___ / ___

***Paws Inn will try to keep all your pets' items safe but is not responsible for any lost or destroyed items during stay. We provide Purina food, blankets, and metal bowls. Please do not bring rawhides, unwashable items, stuffed toys.**

Items Brought: _____

Are blankets okay in the kennel with your pet? **Yes / No**

Who is your pet's veterinarian? (If not a Paws Inn patient) _____

Is your pet currently on medications? **Yes / No**

If so, what medications? _____

Any additional services requested during our stay? ***Completion of services will be determined on length of stay and day of drop off followed by Veterinarian's discretion. Further requests can be discussed at scheduling / drop off.**

Fecal Analysis (**\$25**)

Exam (**\$64**) – Please describe concern in detail + price limit as cost varies depending on what's needed:

Heartworm Test (**\$55**); Prevention requested (Interceptor/ProHeart/Revolution - **Price Varies**)

Bloodwork / Chemistry Panel (**Price Varies**)

Nail Trim (**\$30**)

Refill Medications – indicate medications needed (**Price Varies**): _____

NONE REQUESTED **if an estimate for services/boarding is needed, please let the staff know.*

PLEASE READ THE FOLLOWING AND INITIAL FOR ACKNOWLEDGMENT:

* _____ Please be advised that we are only able to give meds twice daily due to our hours of operation.

* _____ I acknowledge that Paws Inn will attempt to contact me if unexpected medical attention is deemed necessary by the medical staff. If Paws Inn is unable to contact me, I understand that treatment will be initiated so my pet is comfortable and stable during the stay. I also, understand that I will be responsible for any payment due for treatment.

**In the event of an emergency that cannot be maintained safely at Paws Inn Animal Hospital, my pet may be transferred to a local emergency veterinary hospital for continued treatment/observation.*

*** _____ I have read and acknowledge Paws Inn Animal Hospital boarding policy. My pet is up to date on all necessary vaccines as outlined in the boarding policy and my pet is spayed/neutered if older than 8 months.**

Phone Number(s) where you can be reached during boarding: _____

Emergency Contact Person(s) Names: _____

Emergency Contact Person(s) Numbers: _____

Print Name: _____ **Sign:** _____ **Date:** ___ / ___ / ___

For Office Use Only: **ADMITTED BY** _____

