## BOARDING CHECK IN

## 706-507-7297 2ndavenuevet.com PATIENT INFORMATION



Patient Name		Client Name					
Arrival Date/time	e Departure Date/time						
EMERGENCY C	CONTACT: Name	his a stranged and a construction the alient	Phone _				
				_			
	Dietons				Client Clinic  n AM PM		
				begi	II OAM OPM		
	Bath prior to discharge? SPECL		uay 4				
	Yes ONo I would like a Kong while boarding, to take home later Yes ONo Would you like any veterinary services performed during your pet's stay?						
	If so, please list:						
O Yes ONo	Boarding in same non-suite enclosure as another pet? If yes, please fill out additional Multi-pet Housing Auth. Form.						
• Yes • No	Medication Administration Required?						
	Med:						
	Med:	Instructions		Be	gin O AM OPM		
	Med:	Instructions		Be	gin O AM OPM		
Perso	nal items?						
I ackno	owledge that 2nd Avenue Anii	mal Hospital is "flea free" bo	arding facility. Yo	our pet will be treated v	with a one-time 24-hour flea		
treatment at the	e owner's expense.	-					
I acknowled	dge that the boarding checkout ti	me is at 3pm each day, and if I o	heck my pet out a	after 3pm, then I will b	oe charged a late pick-up fee		
-	of checkout. Checkout prior to 3	-	-		rlad baarding		
environme	edge that proof of vaccinations ent are required. If proof is no xam, at the owner's expense.						
	d video release: We love to name, any images, or any l		on social medi	a. The owner agre	ees to allow 2AAH to		
I would lil	ke my pet to be groomed by C	Claudia (35lbs and Under) B	Y APPOINTMI	ENT ONLY			
Oogs (over 16 weeks)	Must be current on Rabies (1 dose	e), Distemper/Parvo (2 doses), Lep	otospirosis (2 dose	s),			
	Bordetella (1 every 6 months)						
Puppies (12 weeks)							
Cats (over 16 weeks)	Must be current on Rabies (1 dose), FVRCP (2 doses)						
Kittens (12 weeks)	(ittens (12 weeks) Must be at least 12 weeks of age and have received FVRCP (2 doses)						
If w	ve are unable to contact	you, I grant 2AAH pern	nission to tre	at as follows:			
Treat min	nor issues (ear/skin/eye infe	ctions, diarrhea?) <b>O</b> Yes or	O No (until r	eached)			
\$	Max amount authorized.	,	•	,			
	ergency procedures? <b>O</b> Yes	or <b>O</b> No (until reached)					
	_Max amount authorized.						
	to contact: O Cell Phone:	<b>○</b> Text	OEmail:				
		_					

Charges for services, medications, and supplies are due upon discharge. Payment can be made by cash, check, or credit card. If you neglect to pick up your pet or contact us to ex-tend boarding stay and we are unable to contact you with reasonable effort, pets are considered abandoned after 10 days. If abandoned, we reserve the right to make arrangements for the pet as we deem necessary. I release 2AAH from all liability and have read and do understand this form.

Download this form, fill it out and e-mail it to <a href="mailto:2ndavenuevet@gmail.com">2ndavenuevet@gmail.com</a> or print it and bring it in with you to your appointment.