



## BOARDING GUEST CHECK-IN FORM

1401 4<sup>th</sup> Street North  
 St. Petersburg, FL 33704  
 Phone (727) 822-8501  
 Fax (727) 821-4952  
 www.northeastanimalhospital.com

### Thank you for choosing Northeast Animal Hospital!

Please fill out this form and bring it with you when checking in your pet. Please print. You may attach a separate sheet.

OWNER/CLIENT INFORMATION		
Owner's Name		Owner's Phone
Pet's Name (1)	Pet's Name (2)	Pet's Name (3)
Check-in Date	Pick-up Date	Pick-up Time (Approximate)
Emergency Contact		Emergency Phone

SPECIAL INSTRUCTIONS
If boarding multiple pets, do you want them to share the same condo? Yes <input type="checkbox"/> No <input type="checkbox"/> (Cats cannot share small condos)
Would you like your pet to have a bath before going home? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what date?
<b>If getting bathed, please pick up your pet after 3pm Monday-Saturday. If it is necessary to pick up early Monday morning, the bath will be given Saturday.</b> Please bring any medicated shampoo with you at check-in.
All guests staying in our facility are required to be up-to-date on vaccines and flea & tick prevention. The requirements are as follows: Dogs: Physical exam, Canine Influenza (H3N8 and H3N2), Bordetella, Distemper, Leptospirosis, Rabies, and Intestinal Parasite Screening Cats: Physical exam, Feline Distemper, Rabies, and Intestinal Parasite Screening <b>*If your pet is not up-to-date, these services will be performed upon arrival, unless waived by a doctor for medical reasons.        *It is our policy that all pets (dogs) receive a dose of Flea &amp; Tick Control upon arrival, if not current in the past 30 days.</b>
Has your pet had recent bouts of coughing, sneezing, vomiting, diarrhea, lameness, or limping? *Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:
*Please explain any other concerns about your pet that you would like the Veterinarian to evaluate while your pet is staying with us:
Is your pet on any medications? *Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list the drug and dosage, and when the next dose is due:
Are you bringing your own food? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please name the food, how much you feed, and how often you feed each day:
Is your pet allergic or sensitive to any food or medication? *Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:
Would you like your pet to have an extra walk or playtime while staying with us? (\$6.00 per day) Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list any other special needs or instructions for your pet while staying with us:
<b>*If your pet is being seen by a doctor, which do you prefer? (Please check one)</b> <input type="checkbox"/> To be called with the exam results <input type="checkbox"/> To have a scheduled time to go over the exam at pick-up <input type="checkbox"/> To have a scheduled appointment the day of check-in

SIGNATURE	
<b>It is our policy</b> not to have blankets, beds, or other personal items with your pet in our boarding facilities unless permission is given by a Veterinarian. By signing this document, you understand that leaving any belongings, including leashes, collars, blankets, and/or toys, will be at your own risk, and you will not hold Northeast Animal Hospital responsible for any lost or damaged items.	<b>*Additional fees apply for:</b> Boarding with Special Medications/Diet Boarding with Medical Condition
Owner Signature	Date