

•
•
•
•
•
•

Aloha Animal Hospital, Inc.

2020 E. Vista Way

Vista, CA 92084

(760) 724-8313

BOARDING CHECK-IN

Today's Date: _____ Pick-up Date _____

Owner First Name: _____ Owner Last Name: _____

Address: _____

Phone(s): () _____ - _____ (h) () _____ - _____ (w) () _____ - _____ (C)

Patient Name: _____

Date of Birth: _____

Breed: _____

Sex: M F MN FS

Color: _____

Phone number where client can be reached today _____

Phone number where client can be reached while pet is boarding _____

Location of client while pet is boarding _____

Emergency Contact Name and Phone (who to call if client cannot be reached)

Name _____ Ph# _____ Relationship to Client _____

**All pets boarding with us here at Aloha Animal Hospital are required to have had an exam by a Doctor and to have had a fecal intestinal parasite exam both within the last twelve months, and to be current on all their vaccines, and on flea, tick, and intestinal/heartworm preventative. If no exam has been done within the last year, one of our veterinarians will examine your pet as a "drop-off" exam or while you are present if you prefer. Appropriate parasite testing/ treatment will be administered to your pet if not currently on preventative medication (\$15-\$40 additional fee based pet's weight and product). Our veterinarians must be able to discuss their examination findings with you, so we must have a contact number for you where you can be reached on the same day that you drop your pet off.*

Exam due or requested? YES _____ NO _____ (Fee: \$67.70) _____ (Staff initial)

Verification of vaccination status: _____ Current (staff initial)

Internal/external parasite preventative status: _____ Current (staff initial)

Fecal Due Yes _____ No _____ (Fee: \$33.50) _____ (Staff initial)

If vaccines and other preventative health measures are not up to date, appropriate diagnostics, preventive care and vaccines will be explained and performed as deemed necessary for an additional fee. Please ask if there are any questions regarding vaccines, parasite control, heartworm, tick, and flea preventative.

Please provide a brief history of any medical conditions: _____

Medications & Belongings _____

Feeding instructions: (it is recommended to bring an appropriate supply of your pet's regular food) _____

All dogs are normally walked three times a day. If you would care to have additional walks done please indicate by initialing here:

Yes please walk my dog _____ additional times a day at \$10 for each additional walk.

I, the undersigned, am the owner or authorized agent of the above mentioned pet(s), and do hereby authorize Aloha Animal Hospital, Inc. to perform such examinations, diagnostic tests, and treatments as deemed necessary if my pet becomes ill while boarding. I further agree to be financially responsible for all costs of such procedures and treatments. I understand that full payment is due at the time that services are rendered. I understand that abandonment of animals does not relieve me of this financial obligation. Failure to pay bills on time may result in billing and finance charges and/or costs of any collection fees incurred. _____ owner to initial

Signature _____ Date _____