Southway Animal Clinic

Boarding Check-In/out List

Owner:_____ Emergency Contact:_____

Pet:_____ Weight:_____

Employee Initials Check In: _____

Todays Date:_____ Check out date:_____

Items brought: Bed Blanket Toy Treat Carrier Leash Medication

_____
_____
_____

Diet/Feeding Instructions please circle: **Clinic Food Own Food AM NOON PM**

Circle "Own Food" if you are bringing your pets food

_____
_____
_____

Medications:

_____

_____

_____

Services Offered During Your Pet's Stay (at Owner's expense)

Nail Trim	Yes/No _____
Exam	Yes/No _____
Flea Treatment	Yes/No _____
Vaccinations	Yes/No _____
Misc	Yes/No _____

Kennel Notes:_____

_____

Final Check Out: Employee Initial/date: _____