



Boarding Sign-in Form

Owner's Name: _____ **Pet's Name:** _____

Date Admitted: _____ **Pick Up Date:** _____ **Approximate Time:** _____

Phone Number Where You May Be Reached: _____
 If you will not be reachable, name and phone number of a person authorized to approve treatment in case of emergency: _____

Is your pet current on all vaccinations? Yes _____ No _____
 If No, which ones are needed? _____

Diet: Did you bring your pet's food? Yes _____ No _____
 If No, are you ok with us feeding Science Diet Maintenance? Yes _____ No _____
 If No, please talk to us about purchasing a different food from us today.

Feeding Amount: Dry: _____ cup(s) Wet: _____ Can
 If your pet eats both dry and wet, do you want food mixed together? Yes ___ No ___

Do you feed your pet: (Please circle one)
 Once a day -AM or PM Twice a day Three times a day Free Feed

Next meal due at: _____

Is your pet currently on any medications: Yes _____ No _____
 If yes, please list:

Name	Dosage	Frequency	Next dose due

Do you want your pet bathed while here? Yes _____* No _____
 *If YES, please ask for our bath sign-in form to give us details.

Is there anything you would liked to have examined by a doctor or services to be performed by a technician? Yes _____ No _____

If YES, please describe _____

I authorize Pacifica Pet Hospital to administer treatment to my pet at the doctor's discretion and understand that additional charges will be applied. I understand that Pacifica Pet Hospital is NOT responsible for any lost or damaged items that I leave with my pet. Valuable or important items should NOT be dropped off with your pet.

Signature of Owner _____ **Date:** _____
 or authorized representative