

GUEST CHECK-IN FORM

Owner's name: _____ Pet's name: _____

Drop off date: _____ Time: _____ A.M. /P.M.

Pick up date: _____ Time: _____ A.M. /P.M.

Phone numbers where you can be reached and who to request:

Emergency Contact Information (in case you can't be reached):

Name: _____ Relationship to owner: _____

Phone numbers: _____

Do you want us to call you first, or emergency contact person first? Please circle.

Is anyone else authorized to pick up guest? Please list name and phone number:



Medications or Supplements Do we need to give any medications or supplements during your pet's stay?

There is an additional charge of \$3 for administration of each medicine dose. Please list your pet's medicines:

MEDICATION	AMOUNT GIVEN	TIMES GIVEN	TIME OF LAST DOSE

Refills Would you like any medications refilled during your pet's stay with us? If yes, which ones and how many? _____

Diet Type of food pet is used to: _____

Amount per meal _____

How often fed each day: _____

When was pet last fed? _____

Bedding and Toys

We will do our best to return your bedding and toys, but sometimes they are lost or damaged despite our efforts.

Please describe bedding brought for pet: _____

Please list/describe toys: _____

Please describe your pet's carrier, collar, harness and leash: _____

Playtime Is your pet allowed to play with other pets while staying with us? _____

Any restrictions to the size of the other pet? _____

Walks All dogs are walked three times during the day. Would you like extra walks each day at a cost of \$5.00 per additional walk? (If yes, how many?) _____

Medical Procedures

Are there any procedures that you would like us to do for your pet during his/her stay (such as examination, labwork...)?

I understand and agree, if my pet stays three or more days, a standard boarding bath will be given on the day of discharge for a fee of \$15.00. (dogs only)

I understand and agree, if my pet has fleas or evidence of fleas, the hospital will administer a dose of Capstar® to my pet for a fee of \$4.00.

I understand and agree that payment for all services will be due and payable upon discharge of my pet. My pet will not be released until the balance is paid in full. In the event of abandonment, defined as; a pet left, unclaimed, for ten days past the scheduled discharge date without owner communication, or unclaimed 30 days from the date of scheduled discharge without payment in full for all services. Unclaimed pets are surrendered to Anne Arundel County Animal Control, classified as an "abandoned pet", and will no longer be the responsibility of Hoffman Animal Hospital, or any of its employees.

I understand that the guests are not supervised at all times, and if I request that two or more of my pets share one accommodation there is some risk of injury. My pets may be moved into separate accommodations if the situation is deemed unsafe, and I will be responsible for paying for the separate accommodations. I absolve Hoffman Animal Hospital and its employees and staff of any responsibility if my pets were to injure one another while here.

I UNDERSTAND THAT HOFFMAN ANIMAL HOSPITAL AND ITS BOARDING FACILITY IS NOT STAFFED 24 HOURS A DAY.

I understand that if my pet becomes ill during the boarding period Dr. Hoffman or an associate veterinarian will examine and provide treatment as required. I understand that I am responsible for any charges incurred. If the doctors deem it necessary to transfer my pet to the Anne Arundel Veterinary Emergency Clinic for hospitalization or care, I understand and agree that I will be responsible for all expenses incurred. Hoffman Animal Hospital will try to contact me and /or my emergency contact should my pet become seriously ill while boarding.

Signature: _____ Date: _____

Print name: _____

Staff member admitting guest: _____