

# Best Friends Animal Hospital & Pet Hotel

4175 East Mission Blvd., Fayetteville AR 72703 479-251-8387

Office Use Only: -- Required Staff Initials

Rec: \_\_\_\_\_ DVM/N: \_\_\_\_\_ KA \_\_\_\_\_

Check-in: \_\_\_\_\_ Check-out: \_\_\_\_\_

## BOARDING CHECK-IN AND AUTHORIZATION

1.  My pet is current on vaccinations per hospital protocol. If vaccines were administered by another veterinarian, I am responsible for providing documentation prior to boarding check-in; otherwise vaccines will be re-administered at my expense.  
 Please update my pet's vaccinations and wellness examination at my expense to meet hospital protocols.

2.  My pet been treated with an approved Flea & Tick prevention. Product: \_\_\_\_\_ Date applied: \_\_\_\_\_.  
*Frontline will be applied at my expense 30 days after the date above if my pet is boarding at that time.*  
 My pet has not had an approved Flea & Tick Prevention, please administer to my pet at my expense.

3.  I am leaving the following personal belongings described.  
 No, I am not leaving any belongings.

**Belongings**  Collar  Leash  Blanket / Bed  Dish(s)  Carrier  
 Food  Medications  Toys  Treats  Other: \_\_\_\_\_

4.  Please feed my pet Science Diet Adult Maintenance dry while boarding (included with boarding).  
 I will provide my pet's regular food to be fed while boarding. Food: \_\_\_\_\_ Feed \_\_\_\_\_ cups \_\_\_\_\_ times/day.  
 My pet requires a Prescription or Canned Food diet. Please provide the food following food at my expense: \_\_\_\_\_

5. Please provide the following Grooming Services for my pet at my expense. Ask for estimates.

- Professional Grooming as I have scheduled in advance (Cost start at \$30).  
 Bath and brush (Cost start at \$15)  
 Other:  Pedicure  Nail Dremel  Clean ears  Express Anal Sacs  Dematting  Furminator Dashed Treatment  
 No, I decline grooming services for my pet.

Office Use Only for Grooming Appt

Date \_\_\_\_\_  
\$ \_\_\_\_\_

6. Please provide the following supervised playtime with our staff for my pet (\$5 per 15 minute session).

- Two Playtime sessions per day  
 One Playtime session per day  
 Custom Playtime session requests \_\_\_\_\_  
 No, I decline playtime for my pet.

**My Pet Likes to Play:** (Check all that apply)

Fetch  Ball  Swimming  Chase  Tug  Running  
 With People  With Other Dogs  Only with my pets  
 Does not do well with other dogs  Does not do well with Children / Men

7.  Please medicate my pet while boarding (Cost \$2/administration)  
 Please refill my pet's medications: \_\_\_\_\_  
 No, my pet is not on medications.

**Medication:** \_\_\_\_\_ given \_\_\_\_\_ times/day  
\_\_\_\_\_ given \_\_\_\_\_ times/day  
\_\_\_\_\_ given \_\_\_\_\_ times/day  
\_\_\_\_\_ given \_\_\_\_\_ times/day

8. Please provide the following services / procedures for my pet.  
 Please call me with an estimate before providing treatment.  
 No, my pet does not need any other services.

**Services:**  Spay/Neuter  Dental Cleaning  Microchip Implant  
 Wellness Exam/ Vaccines  Bloodwork  Urinalysis  Radiographs  
**Please Check:**  Allergies / Skin  Ears  Arthritis / lameness  Weight  
 Other: \_\_\_\_\_

I am aware of and understand Best Friends Animal Hospital & Pet Hotel policies outlined in our boarding brochure including, but not limited to:

- Check out time is at 1PM. I will be charged for an additional day of boarding if I pick up my pet after 1PM.
- No Flea/Tick Policy – treatment will be at my expense
- Necessary symptomatic medical treatment (i.e. diarrhea medication, etc.) of my pet while boarding will be at my expense.
- Best Friends Animal Hospital & Pet Hotel is not responsible for lost belongings.
- The staff is not on the premises 24 hours a day.

If an emergency arises, I authorize the doctors at Best Friends Animal Hospital & Pet Hotel to perform the necessary procedures. I understand that they will try to contact my emergency contact in the case of an emergency at the number given below prior to treatment. I understand that I will be responsible for these charges.

\_\_\_\_\_  
Signature of Owner / Authorized Agent

\_\_\_\_\_  
Emergency Contact (Mandatory)

\_\_\_\_\_  
Date