



Boarding Check in Sheet

Check one: Feline Canine

Client's Name: _____ Patient's Name: _____

Drop Off Date: _____ Pick Up Date and Time: _____

Emergency Contact Name and Number: _____

Are you bringing in food? Yes No If so what brand: _____

How much per meal: _____ Feed in: Morning Afternoon Evening (circle all that apply)

Complementary bath after 3 nights stay

Allergies: _____

Description of Belongings: _____

Medications: _____

Additional Services: Vaccines _____

Bath Nail Trim Fecal Other: _____

Special Notes: _____

Preferred way of contact: phone call text message email

Phone Number: _____ Email Address: _____

PHOTO CONSENT: Do you authorize Meadowbrook Veterinary Clinic to use pictures of your pet(s) for clinic brochures, post on Facebook™, clinic website or for educational purposes?

Yes No **If yes, please read and sign the following:**

I, _____ the owner named above, authorize

Meadowbrook Veterinary Clinic to use pictures of my present pet(s) and all future pets for purposes of clinic brochures, posting on Facebook™, clinic website or for educational purposes.

In understand that once my consent is given, it remains in effect unless and until I provide written revocation of consent.

Signature: _____ Date: _____