

# COMPANION ANIMAL HOSPITAL OF PLANO

3308 Preston Road, Suite 330 Plano, Texas 75093  
(972) 964-8154 (972) 964-5487 (FAX)

## BOARDING CHECK-IN AND RELEASE

Client Name \_\_\_\_\_ Pet Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Thank you for choosing *COMPANION ANIMAL HOSPITAL OF PLANO* for the care and boarding of your pet. Please take a few minutes to answer some important questions that will help make your pet(s) stay a healthy and enjoyable one.

- 1) Has your pet(s) been exhibiting any unusual signs or symptoms (sneezing, coughing, etc.) that we should be aware of during your pet(s) stay with us?  YES  NO

If yes, what are they? \_\_\_\_\_

- 2) Are there any special exams (ears, eyes, etc.) that need to be performed on your pet(s)?  
 YES  NO

If yes, what are they? \_\_\_\_\_

- 3) Are there any medications that need to be given during the stay (additional charge)?  
 YES  NO (Medications not supplied by owner will incur additional charges.)

If yes, what are the medications? \_\_\_\_\_

When do they need to be given? \_\_\_\_\_

- 4) Each canine boarder that stays 5 nights or longer will receive a complimentary bath upon discharge. Are there any other special services (dentistry, bath & dip, nail trim, etc.) that your pet(s) will require during the stay?  
 YES  NO

If yes, what are they? \_\_\_\_\_

- 5) **Where can you be reached in the case of an emergency?** \_\_\_\_\_

In case of illness or injury, I the undersigned, do hereby give my consent for the veterinarian(s) of Companion Animal Hospital of Plano (the Hospital) to treat, prescribe for, or operate upon my pet(s) while they are being boarded at the Hospital. I understand that every effort will be made to contact me prior to any procedures being performed but emergency and/or necessary treatment will not be withheld if contact is not made. Any pet(s) not currently vaccinated (including kennel cough) or that is infested with parasites will be treated at additional expense. The Hospital is to use all reasonable precautions against illness, injury, or escape of my pet(s), but the Hospital will not be held liable or responsible for care or treatments that are beyond it's control. I agree to allow my pet(s) previous vaccine records to be released as needed for my pet(s) stay at the hospital.

Morning / Noon / Afternoon

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Pick-up Date

\_\_\_\_\_  
Pick-up Time (circle one)

*All pets may be picked up anytime during our regular business hours. If your pet(s) will receive a bath upon discharge, please try to come later in the day so that the animal has time to dry. Thank you!*

**Owner assumes responsibility for loss of and/or damage to all items (leashes, collars, toys, towels, etc.) left with their pet(s).**