



OFFICE USE

BOARDING CHECK-IN FORM

Animal House Veterinary Center
91-919 Ft. Weaver Rd. Suite 114
Ewa Beach, HI 96706
Phone: (808) 689-1797 | Fax: (808) 689-4427
Email: ahvc_ewa@hotmail.com

Name of owner: _____ Name of pet: _____
Your phone number while away: _____ State/Country you will be traveling to: _____
Drop off date: _____ Pick up date/Time: _____
Emergency contact name: _____ Their phone number: _____

Health

Is your pet currently healthy? Yes No. If checked no, please describe symptoms: _____

Feeding

Did you bring your own food or would you like to use house food? I brought my own food Please use house food

Name of food: _____ Kibble Wet

(Please write "House Food" if you would like to use our food)

Amount of kibble (in cups): _____ cups Amount of wet food (in cans): _____ cans

Feeding time(s) (please check all that apply): AM MID-DAY PM FREE FEED (available at all times)

Has your pet been fed today? Yes No If Yes: AM MID-DAY PM

Special Instructions (i.e. add water, heat up, elevate, ect.): _____

Medications (including vitamins/supplements *list others on back side*)

Name of medication: _____ Dosage: _____

Reason for using: _____ AM PM

Name of medication: _____ Dosage: _____

Reason for using: _____ AM PM

Name of medication: _____ Dosage: _____

Reason for using: _____ AM PM

Has your pet received any medication(s) today? Yes No

If "Yes", which one(s) AND at what time(s): _____

Grooming & Other Services

- Bath (Free after 3 nights CANINES ONLY)
- Extra Walk (\$5.52 Per Day)
- Daily Brushing (\$5.52 Per Day)
- Nail Trim (\$14.32 to \$29.80)
- Anal Gland Expression (\$21.36)
- Ear Cleaning (\$23.36 to \$29.20)

**** ALL EXTRA SERVICES ARE PERFORMED BEHAVIOR ALLOWING****

Additional Requests/Belongings: _____

Flea and tick prevention name and applied: _____

I HAVE READ THE BOARDING REQUIREMENTS AND UNDERSTAND ANIMAL HOUSE POLICIES.

Owner's Signature: _____ Date: _____