



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: _____
Phone number while away _____ State/country where you will be _____
Drop off date _____ Pick up date/time _____
Emergency contact name _____ Their phone number _____

HEALTH

Is your pet currently healthy? YES OR NO? If no, please describe: _____

FEEDING

I brought my own food (please indicate name/instructions below) Use house food in clinic (DRY ONLY)

Name of food _____ Kibble or Wet (Circle one or both)
(Write house if you would like to use ours)

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

Feeding time(s) per day (Please check all that apply): AM Mid-Day PM Available at all times

Has your pet been feed today? Yes No If yes, last feeding time: AM Mid-Day PM

Special Instructions: (ie add water, heat up, mix wet food, ect.) _____

MEDICATIONS (including vitamins/supplements)

Name of medication: _____ Dosage: _____
Reason: _____ AM Mid-Day PM

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Reason: _____ AM Mid-Day PM

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Reason: _____ AM Mid-Day PM

GROOMING & OTHER SERVICES (Extra services are performed behavior allowing)

- Nail Trim (\$14.10-\$29.32) Ear cleaning (\$25.76-\$36.06) Extra walk (\$5.00/Day)
- Anal Gland Expression (\$25.76) Daily Fur/Teeth Brushing (Circle one/Both) (\$5.00-\$10.51)
- Canine Bath (free after 3 nights) Special Shampoo: _____

ADDITIONAL REQUEST/BELONGINGS: _____

PREVENTIONS: (indicate Name and date administered)

Flea/Tick _____ Heartworm prevention _____

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

Owner's Signature: _____ Date: _____