

CRAH Boarding Intake



Pet's Name _____

Client Name _____

In Date _____

Phone number(s) where you can be reached _____

Out Date _____

Belongings being left with your pet:

Please circle any requested grooming services:

Bath

Nails

Anal Glands

Feeding Instructions:

(we use a true 1 cup measuring cup for feeding, keep this in mind if you use a different cup size at home)

Own food _____

CRAH food _____

Amount _____

Frequency _____

MEDICATING INSTRUCTIONS

RX NAME/STRENGTH _____

DOSING INSTRUCTIONS _____

FREQUENCY _____

RX NAME/STRENGTH _____

DOSING INSTRUCTIONS _____

FREQUENCY _____

RX NAME/STRENGTH _____

DOSING INSTRUCTIONS _____

FREQUENCY _____

Medical Information :

Required Services-TO BE FILLED OUT BY MEDICAL STAFF

DALPP/RCPN:	RABIES	BORDETELLA	FECAL
CURRENT ___ DUE ___	CURRENT ___ DUE ___	CURRENT ___ DUE ___	CURRENT ___ DUE ___

ADDITIONAL MEDICAL SERVICES REQUESTED/CONCERNS:

Exam fee will be charged for any medical services, exams, concerns outside of routine boarding

ALL PETS MUST BE CURRENT ON THE FOLLOWING :

DOGS: DALPP, RABIES, BORDETELLA, FECAL

CATS: RCPN & RABIES

WE REQUIRE PROOF OF VACCINATION OR THEY MUST BE GIVEN WHILE HERE. ANY PETS WITH PARASITES INCLUDING INTERNAL PARASITES, FLEAS, MITES, LICE, AND TICKS WILL BE TREATED DURING THE STAY. OWNER WILL BE HELD RESPONSIBLE FOR THE COST OF TREATMENT. ANY HEALTH PROBLEMS THAT ARISE WOULD BE PROMPTLY ATTENDED TO BY CRAH STAFF.

I ASSUME FULL RESPONSIBILITY FOR ANY COSTS INCURRED DURING MY PETS STAY. I ALSO UNDERSTAND THAT IF MY PET IS NOT DISCHARGED WITHIN 5 DAYS OF EXPECTED DATE WITH MY NOTIFYING CRAH STAFF, HE/SHE WILL BE CONSIDERED ABANDONED AND I AUTHORIZE CRAH TO HUMANELY DISPOSE OF ANY PET AS DEEMED NECESSARY IF ABANDONED.

PLEASE HAVE YOUR PETS MEDICATIONS LABELED AND PROVIDE WRITTEN INSTRUCTIONS. THERE WILL BE A \$2 PER TREATMENT CHARGE FOR MEDICATING.

SIGNATURE _____

DATE _____