



SAHARA PINES ANIMAL HOSPITAL
 6533 WEST SAHARA AVENUE
 LAS VEGAS, NEVADA 89146
 702.876.7580

CHECK-IN

BOARDING FORM

Thank you for choosing Sahara Pines Animal Hospital to care for your pet while you are away. We offer a complimentary health exam to all pets boarding and will inform you of our findings. In order to provide your pet with the best possible care and comfortable stay, we would like you to answer the following questions:

1. Pet(s) name(s): _____ CANINE / FELINE (CIRCLE ONE)
2. Has your pet(s) been fully vaccinated within the past year? No _____ Yes _____ **We require proof that all pets are current on all vaccines.**
3. When would you like to pick up your pet? Date: _____ Estimated pick-up time _____ Am / Pm
We are closed on Sundays and major holidays, so please plan accordingly.
Note: There will be a \$12.00 charge for each additional night per pet if stay is longer than expected pick-up date.
4. Dogs boarding for 3 or more nights may receive a complimentary bath. Prior medical conditions or excessive coat matting will need to be taken into consideration. Would you like your pet bathed? No _____ Yes _____
5. What type of food does your pet normally eat? Dry _____ Wet _____ Special Diet _____
6. Will you be leaving any personal belongings such as toys, blankets, food, collar etc.? No _____ Yes _____ (Please List below)
* Please Note: Sahara Pines Animal Hospital is not responsible for any lost items.
 _____ _____
 _____ _____
 _____ _____

FOR KENNEL USE ONLY Check-In: All items verified by: _____ Check-Out: All items verified by: _____
 (Please verify all items listed by owner at check-in and check-out, Then Initial.)

7. Are there any other services or procedures you would like for your pet during his/her stay, i.e. - dental, ear flush etc.?
(Procedures requiring anesthesia may require meeting with the Doctor)
 No _____ Yes (Please describe) _____
8. Please provide an emergency contact and phone number. Name _____
 Phone Number _____ Relation _____

AUTHORIZATION

I hereby authorize necessary medical treatment for my pet(s) while boarding. If an emergency situation arises I authorize the doctors and staff of Sahara Pines Animal Hospital to perform the necessary procedures. I understand that every effort will be made to contact the emergency number given above prior to treatment. I understand that treatment may be necessary for certain prior medical conditions if these conditions put my pet's health at risk while boarding. I, the owner or agent for the owner, will take full responsibility for all medical charges incurred. I also understand that the staff of Sahara Pines Animal Hospital is not on the premises 24 hours. I am also aware that due to the high volume of boarding, Sahara Pines Animal Hospital is not responsible for any personal belongings that may be lost or misplaced.

Signature _____ Date _____

CHECK-OUT

I hereby acknowledge that at the time of check-out, I have received all personal items left behind at the time of check-in

Signature _____ Date _____

OFFICE USE ONLY

Check-Out Notes:

