



1601 N. Main, Pearland, Texas 77581  
Phone: (281) 485-2496  
Fax: (281) 485-0681  
www.pearlandanimalhospital.com

## BOARDING CHECK-IN

Client First & Last Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Weight: \_\_\_\_\_

Date in: \_\_\_\_\_ Date out: \_\_\_\_\_

### Special Feeding Instructions:

What is your pet's diet while boarding: Clinic Stock ( ) Own Stock ( )

How much will we be feeding your pet?

How often will we be feeding your pet?

Does your pet have any treats to give and how often if so?

### Do you want your pet bathed before going home from boarding?

YES ( ) NO ( )

### Questions for owner to answer:

Does your pet have any special instructions? (Phobia/anxiety/cage aggression/etc.)

What belongings does your pet have with him/her today?

### Do you want an update on your pet while boarding? (YES) (NO)

If yes, how would you like to be contacted? (Phone) (Text) (Email)

Please provide phone/text or email to be contacted on: \_\_\_\_\_

How often do you want to be contacted? (Daily) (Every Other Day) (Weekly)

### What is your emergency contact information?

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

### In the event of an emergency would you like us to?

*Thank you for choosing Pearland Animal Hospital.  
Please call (281) 485-2496 if you have any questions or concerns.*

*Dr. Stevener • Dr. Schaeffler • Dr. Vance • Dr. Henry • Dr. Simon*



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Perform medical care for my pet until someone is reached? ( )

Perform no medical treatment until specific authorization is given? ( )

**Please list all medication you pet will be taking while here**

Medication	Tablet Size	Quantity	Instructions	When were meds last given?

Due to the safety of our patients boarding with us, if we show that your pet is not current on vaccinations or fecal testing, you will need to provide proof otherwise we will need to update this preventative care in order for your pet to board in our kennel. Please remember this is for the safety of all of our patients including yours.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PAH Witness: \_\_\_\_\_

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