

Fast Pass for Boarding at All Creatures Animal Clinic

Pet's Name _____ Dates: Check in _____ G/H _____
Emergency Contact _____ () _____

General Information

Did you bring your own food? YES _____ NO _____ Does your pet have food allergies? _____

Amount to feed: _____ cup ONCE daily _____ AM or PM TWICE daily _____

Personal Belongings: (Please list and describe. All belongings should be labeled. We are not responsible for lost items) _____

Special Information on your pet _____

Medical Information: Staff member checking in medications: _____ Initial _____

My pet is currently on medications/supplements: YES _____ NO _____

If yes, list medication/supplement amounts and frequency

_____ Once daily/twice daily or three times daily

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_____ Verify meds brought by owner and list all on Fast Pass

_____ What is the dosage? Is it the same as on the bottle or has it changed?

_____ has the pet had the meds this morning?

_____ when is the next dosage due?

_____ Controlled meds are checked in through the pharmacy with technician. Controlled meds stay in the pharmacy. (Phenobarbital; torbutrol tabs or syrup; hydrocodone; Tramadol; diphenoxylate)

Services Available (at an additional charge)

_____ Exam by Doctor

_____ Describe symptoms _____

_____ Estimate Given?

_____ If there are any other procedures the doctor determines necessary

_____ Notify me before proceeding

_____ Treat as needed, I understand there may be additional charges.

Note: In the event of unforeseen circumstances, emergency treatments will be performed on pet unless otherwise directed

I would like my pet to have a: (at an additional charge)

_____ Nail Trim _____ Anal Gland expression

_____ Bath (includes nail trim and anal gland expression)

_____ I would like my pet to have a swim/play session in the hydrotherapy pool

Flea/tick and Heartworm Prevention: _____ **Animal Care staff initial** _____

_____ Client last applied flea/tick prevention on what date? _____

Client would like us to provide:

_____ Advantage _____ Frontline _____ Comfortis _____ Trifexis

_____ Nexgard _____ Heartgard _____ Other _____

Client please read and sign: I understand that if fleas/ticks are found at arrival, a flea prevention will be applied at my expense. If my pet is due for any of the required vaccines needed to board, these will be done while here, unless excused by a doctor, at an additional charge. All Creatures recommended all vaccines to be given at least 1 week before boarding for full immunity. Not having the vaccines done prior to boarding may leave my pet at risk. Should they become infected with an upper respiratory infection or other illness the client will be responsible for the cost of the treatment.

Client signature _____ **Date** _____

Receipt _____

CHARGES WILL NEED TO BE PAID IN FULL AT TIME OF PICK UP

Tech _____

*Please remember to inform us if someone else will be picking up your pet

A/C _____

_____ I give All Creatures Animal Clinic permission to use photo's of my pet on the clinic Facebook page