



BOARDING CHECK-IN

Animal Medical Center's hours of operation:

Monday-Friday 6am-7pm

Saturday 6am-6pm

Sunday 8am-6pm

REQUIRED

Dogs must be current on the following vaccines: **Distemper/Parvo, Bordetella (kennel cough), and Rabies**. Cats must be current on the following vaccines: **Feline Distemper and Rabies**. Please note that Alabama state law requires rabies vaccines to be given every three years. All pets must be free of fleas. **If we see any fleas on your pet while boarding, we will treat your pet by administering a Capstar pill, which will be applied to your bill.**

BOARDING INFORMATION

During selected periods of the day, our staff elects to dim the lights in the boarding areas to provide opportunities of rest periods for your pet(s) and to promote energy conservation within our community.

FOOD: Animal Medical Center provides bowls, food, and water for your pet; however if your pet is on a special diet we ask that you bring enough for your pet's stay with us. We provide a dry sensitive stomach diet. **Special diets and canned food pulled from the shelf will be applied to your bill.**

MEDICATION: If your pet is on any medication we ask that you bring enough for your pet's stay with us. **Medication pulled from the shelf will be applied to your bill.**

BATH: All dogs receive a complimentary bath if they stay with us two nights or longer. The bath is performed on the morning they are scheduled to be picked up. **Our bather starts approximately at 8:00am, so if you plan on an early pick up, please call ahead.** **Cats do not receive a complimentary bath.**

PERSONAL ITEMS: **Personal items for your pet are strongly discouraged due to safety concerns.** We ask that you take your pet's leash and collar with you and bring them back when you pick up your pet. AMC will not be held liable if your pet destroys or is injured by the personal items you choose to leave/have provided while boarding. If requested, AMC will provide blankets and toys for boarding pets. **AMC will not be responsible for lost personal items.**

PLEASE READ THE FOLLOWING AND CHECK, FILL IN THE BLANK, OR SIGN WHERE INDICATED:

- Does your pet have any allergies or allergic reactions to food, vaccines, or medications?**
If yes: _____
- My pet has the following possessions: _____
- I would like for AMC to provide a soft, snuggly blanket for my pet at no extra charge.
- How do you feed your pet at home?
Amount to be fed: _____ How often: _____
Did you bring your pet's food? Yes _____ No _____
- Is your pet on medication? Yes _____ No _____ If yes, please give instructions on how to give the meds below.
Name of meds: _____
Instructions: _____ Next dose is due: _____
- You have my permission to treat my pet if it should become ill while boarding.**
- I would like to be called if my pet becomes ill. Yes _____ No _____**

-VERY IMPORTANT: Number(s) where I can be reached while my pet is boarding: _____

-Emergency contact numbers (Person who can make medical and financial decisions about your pet):

By signing this form I acknowledge all of Animal Medical Center's requirements, recommendations and additional charges for my pet's stay: _____

Print Name: _____ Date: _____