



**BOERNE STAGE
VETERINARY CLINIC**

25239 BOERNE STAGE RD.
SAN ANTONIO, TX 78255
210-698-0400

BOARDING CHECK IN FORM

Client Name: _____ Pet's Name: _____

Check in date: _____ Check out date: _____ Check out time: _____

Items brought: _____ **Special instructions for medications and food:** _____

- ❖ I would like my pet to have a bath on the day of pick up at an additional fee. () Yes () No
- ❖ I would like my pet to have a nail trim at an additional fee. () Yes () No

In case of emergency, please contact _____
at () _____. If unable to reach, I give Boerne Stage Veterinary Clinic permission to
treat my pet(s) as necessary.

Alternate Contact Name and Number: _____

I understand that my pet must be current on all vaccinations required by Boerne Stage Veterinary
Clinic for boarding; any required vaccinations not current will be administered at my expense
and will include an examination fee. My pet is free of fleas and ticks and I understand that if
fleas and/or ticks are found on my pet, BSVC will treat my pet accordingly at my expense. I
understand that my pet must be picked up by close of the business day or I am responsible for
another day of boarding fees.

Signature Date

FOR OFFICE USE ONLY

Weight: _____ Check In: _____ Check Out: _____ CPS _____