



**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 \_\_\_\_\_