

ELLISON DRIVE ANIMAL HOSPITAL  
1424 South Ellison Drive  
Ste. 100  
San Antonio, TX 78245  
(210) 670-8400

## Overnight Checklist Form

Emergency Contact & Number(s) \_\_\_\_\_

\*While boarding, would you like your pet to receive a Bath? (please initial) \_\_\_\_\_ YES \_\_\_\_\_ NO  
(BATH Package includes - Nail Trim/Anal Glands/ Ear Cleaning)

OR

\* To be Groomed? (GROOMING includes - Hair Cut/ Bath/Nail Trim/ Anal Glands/ Ear Cleaning) (Please Initial) \_\_\_\_\_ YES \_\_\_\_\_ NO  
Special GROOMING, BY JOE Instructions: \_\_\_\_\_

Would you like your Dog to receive a daily treat to help calm anxiety while boarding?  
\_\_\_\_\_ YES \_\_\_\_\_ NO (\$2.60 per treat daily, If you bring in your own bag of composure)

Would you like your Pet's Teeth Brushed? \$12 \_\_\_\_\_ YES \_\_\_\_\_ NO (Includes full mouth brushing  
using our CET Ezymatic Tooth Paste for a Good Cleaning, Tooth Paste is Flavored for the Pets Enjoyment)

Would you like your pets to stay in same cage together? \_\_\_\_\_ YES \_\_\_\_\_ NO,  
If yes and more than two pets are boarding, which Pet's would you like together? \_\_\_\_\_

Is your pet animal, food, toy, bed, or human aggressive/territorial? \_\_\_\_\_ YES \_\_\_\_\_ NO (if yes, please  
circle all that apply)

Are any medications necessary while boarding? (Please Initial) \_\_\_\_\_ YES \_\_\_\_\_ NO (medications need to be in pill  
vial, box, or packaging in which they came with a prescription label attached giving clear administration directions. Over the counter  
vitamins are the only exception to the label rule, but must provide instructions)

Please list all meds, dosage and frequency given: (please note if there isn't a pharmacy label on medications we are unable to give them.)  
\_\_\_\_\_  
\_\_\_\_\_

When was the last time medication(s) given? \_\_\_\_\_

When was the last time your pet ate? \_\_\_\_\_

Feeding Instructions (Amount/ Frequency/ Own Food/ Clinic's - Hill's Science Diet Sensitive Stomach Kibble)  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything we need to know about your pet?  
\_\_\_\_\_  
\_\_\_\_\_

**NO PERSONAL ITEMS ARE TO BE LEFT WITH PETS OTHER THAN THEIR OWN DIET.  
All other supplies necessary for your pets stay will be provided.**

Date of Pickup \_\_\_\_\_

Please Check One: \_\_\_\_\_ AM \_\_\_\_\_ PM

Owner/Authorized Agent Signature : \_\_\_\_\_ Date: \_\_\_\_\_