

Corpus Christi Animal Clinic

Check-In Form

Owner's Name _____

Pet's Name _____

Medication? Yes _____ No _____ If yes, Please complete information below:

Med Name	Dose/Instructions	AM	PM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Which flea control do you use?

Advantage Frontline Trifexis Comfortis

Date you last administered: _____

Special services during stay

Vaccination History:

DOG

RV _____
DHLP-Parvo _____
Bordetella _____
CIV _____

Contact:

Where can you be reached?

Feeding Instructions:

Special Diet? Yes _____ No _____

Dry _____ Can _____ Both _____

AM _____ PM _____ Free Feed _____

Duration of Stay

Arrival Date _____

Departure Date _____

AM _____ PM _____

After 11AM a Day Board Fee will apply

CAT

RV _____

PRCC _____

FELUK _____

Local contact person:

Please verify all information for accuracy, sign and date below.

Signature

Date