

Owner's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

### EXAM WHILE BOARDING FORM

Exam includes checking:

- ❖ Eyes
- ❖ Teeth
- ❖ Ears
- ❖ Body condition (such as weight)
- ❖ Lumps/masses
- ❖ Heart
- ❖ Lungs

Has your pet exhibited any of the following recently? Please check all that apply:

Vomiting		Bad Breath		Scratching	
Diarrhea		Increased Water Intake		Skin Problems	
Blood in Stool		Increased Appetite		Coughing or Sneezing	
Lethargy		Decreased Appetite		Weight Loss	
In Pain		Tumor or Mass		Weight Gain	

Additional comments: \_\_\_\_\_

Routine treatments for common problems include:

- ❖ Microscopic evaluation for ear infection
- ❖ Cleaning ears
- ❖ Aspirating lumps/masses for microscopic evaluation
- ❖ Skin scrapings to determine reasons for scratching
- ❖ Expressing anal glands
- ❖ Dispensing medications

Do you accept **routine treatments** for any of the above (*at additional cost*)?      **Yes**    **No**

If **additional services** are necessary, do we have your permission?      **Yes**    **No**

    Would you prefer to be called first?      **Yes**    **No**

If **x-rays** are necessary for treating your pet, do we have your permission?      **Yes**    **No**

If **blood work** is necessary for treating your pet, do we have your permission?      **Yes**    **No**

If **sedation** is necessary for treating your pet, do we have your permission?      **Yes**    **No**

>>> I agree to be *financially responsible* for any services performed as agreed upon above.

\_\_\_\_\_  
Signature of Owner or Responsible Party