

PICKUP DATE: _____

Companion Animal Clinic & Kennel Boarding Information

LAST NAME: _____ PET #1 _____ PET #2: _____

FEEDING INSTRUCTIONS:	
Pet #1:	Pet #2:
___ CUP(S) DRY ___ TIMES PER DAY	___ CUP(S) DRY ___ TIMES PER DAY
___ CAN ___ TIMES PER DAY	___ CAN ___ TIMES PER DAY

MEDICATIONS: Please list all medications & dosages your pet needs to receive while boarding.			
Pet #1:		Pet #2:	
Medication:	Dosage:	Medication:	Dosage:

Boarding Vaccinations: The following vaccinations are REQUIRED to be current to board.					
Pet #1			Pet #2		
	DUE	OWNER INITIAL		DUE	OWNER INITIAL
Annual Exam (Required for Vaccinations)			Annual Exam (Required for Vaccinations)		
RABIES			RABIES		
DISTERPER			DISTERPER		
K9 LEPTO			K9 LEPTO		
K9 FLU			K9 FLU		
K9 BORDETELLA (Kennel Cough)			K9 BORDETELLA (Kennel Cough)		
FECAL			FECAL		
The following are NOT REQUIRED for boarding but are HIGHLY RECOMMENDED.					
HEARTWORM/TICK TEST			HEARTWORM/TICK TEST		
K9 LYME VACCINE			K9 LYME VACCINE		

****PLEASE SEE OTHER SIDE ****

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MEDICAL CONDITIONS: Please list any medical conditions or history of which we should be aware while your pet is boarding. (i.e. orthopedic problems, seizures, back problems, food allergies etc.) **NOT TO BE TREATED UNLESS WORSENS**

** I would like to be called PRIOR TO treatment for medical conditions discovered while boarding. YES / NO	OWNER INITIAL
** I would like to be called AFTER treatment for medical conditions discovered while boarding. YES / NO	

ADDITIONAL FEES ARE ASSESSED FOR ANY OF THE FOLLOWING SERVICES		
Medical Services : Please CIRCLE any additional services you request:	STAFF USE	
<div style="display: flex; justify-content: space-around;"> Nail Trim Anal Glands Other: _____ </div>	Tech	

ADDITIONAL FEES ARE ASSESSED FOR ANY OF THE FOLLOWING SERVICES		
Kennel Services : Please CIRCLE any additional services you request:	STAFF USE	
<div style="display: flex; justify-content: space-around;"> KENNEL BATH ADD'T WALK (\$7): _____TIMES/DAY PLAYTIME (\$7): _____TIMES/DAY </div>	Kennel	

1. Has your pet ever bitten anyone? **YES / NO**
2. May we put bedding in with your pet? **YES / NO**

We are not responsible if your pet ingests any foreign materials. We will monitor and remove items if we see problems

Personal Belongings: Please list all personal belongings you are leaving with your pet:

We try to assure all belongings are returned to you, however, we do not guarantee against loss or damage

Phone Numbers: In case of emergency, number(s) where you can be reached:

Local Contact's Name: _____ **Phone Number** _____

Does this person have your permission to authorize medical treatment for which you will be financially responsible? **YES / NO**

*** If no one can be reached to make an emergency decision on my pet's behalf, I authorize Companion Animal Clinic Doctors to make decisions based on my pet's best interest.
I will be financially responsible for all fees incurred for treatment and care of my pet(s) including consulting veterinary specialists. ***

Owner's Signature: _____ **Date:** _____ **Staff:** _____