

BOARDING DROP OFF INFORMATION

Animal Name: _____ Last Name: _____

Admitted by: _____ Released by: _____ Chart # _____

Check in date: _____ Check out date: _____ AM or PM pickup? (circle one)

Breed: _____ Color: _____ Age: _____ Sex: _____

Current on Vaccinations? Yes No **Allergies?** Yes No

Is your pet seeing the vet while here? Yes No If Yes, why? _____

Did you receive an estimate? Yes No Is the estimate signed? _____

Is <animal> on any medication? Yes No When is the next dose due to be given? _____

Please list the medications:

Name of drug	Dose	Times Given
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Diet – Own Food Yes/No Type _____ Dry Canned

What time does your pet need to be fed today? _____

Feeding instructions: DRY: _____ cup(s) _____ times per day. CANNED: _____ can(s) _____ times per day

Contact you for Non-Emergency Issues (ex: skin, ears, diarrhea) Yes No

Pet Possessions: _____

Grooming: Exit Bath Yes No Full Groom Yes No

Full groom instructions for Groomer: _____

Special boarding instructions:

Contact phone number(s): _____