

Please use this space to describe all items left at CMVH.

1. _____ In ___ Out ___
2. _____ In ___ Out ___
3. _____ In ___ Out ___
4. _____ In ___ Out ___
5. _____ In ___ Out ___

*CMVH is not responsible for items lost, destroyed or damaged. We strongly recommend all items be clearly labeled. Please ask for a marker if you need to label them.

Drop off

Monday through Friday 8:00am to Noon
Tuesday and Thursday 3:00pm to 4:30pm
Mon, Wed, and Friday 3:00pm to 6:30pm
Saturday 8:00am to 4:30pm

Pick up

Tues, Thurs and Sat 3:00pm to 4:30pm
Mon, Wed, and Fri 3:00pm to 6:30pm

*For animals boarding more than 3 days we offer a complimentary cleansing bath on the last day of boarding.

*All pets are checked for fleas. If fleas are found your pet will be treated with one of our flea products. Price will vary according to treatment needed.

*All pets must be up to date on vaccines in order to board.

*All pets must have a negative fecal within the past year. If needed we will get one while your pet is with us.

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Dates and times verified **Y N** All items labeled and listed on sheet correctly **Y N**

IN Name _____ Date _____ Time _____ OUT name _____ Date _____ Time _____

Name _____

In weight _____ Out weight _____

Dog vaccines: DHPPC Rabies Bordetella Lepto Lyme CIV Fecal Labs

Cat vaccines: FVRCP Rabies Bordetella Fecal Labs

Boarding Intake Form ☺

Pet Status: Doing well? YES NO Any issues? YES NO

Phone number where you can be reached in case of emergency _____

Another number in case of emergency _____

Drop off date: _____ Pick up date: _____ No. of days boarding _____

Do you have more than one dog boarding? YES NO If yes, are they sharing a kennel? YES NO

Are you leaving a leash or carrier? YES NO

Describe & label _____ (In__Out__)

FOOD & MEDICATION

When does your pet eat? AM ____cup(s)/can PM ____cup(s)/can Always left out

Is C.M.V.H providing the food (Purina EN dry/can/ Purina UR for cats) YES NO

If you are providing food, what kind of food is it? _____

Is C.M.V.H administering medication to your dog? YES NO (\$6.00 per day extra)

Can Pill Pockets be used to help administer medications with your pet? YES NO

If yes to medication please provide details.

1. Medication name _____ dose & schedule _____ (In__Out__)

2. Medication name _____ dose & schedule _____ (In__Out__)

3. Medication name _____ dose & schedule _____ (In__Out__)

4. Medication name _____ dose & schedule _____ (In__Out__)

5. Medication name _____ dose & schedule _____ (In__Out__)

Was medication given today? YES NO If given at what time? _____