

# BOARDING ADMISSION FORM

Owners Name \_\_\_\_\_ Date \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_

Current Diet/Special Feeding Instructions \_\_\_\_\_

Pick Up Date: \_\_\_\_\_  AM  PM Admitting Receptionists Initials \_\_\_\_\_

PET HISTORY	CATS		DOGS	
VACCINATION HISTORY:	CURRENT	UPDATE TODAY	CURRENT	UPDATE TODAY
<input type="checkbox"/> FVRCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DHPP/C	<input type="checkbox"/>
<input type="checkbox"/> Felv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Influenza	<input type="checkbox"/>
<input type="checkbox"/> Rabies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bordetella	<input type="checkbox"/>
			<input type="checkbox"/> Rabies	<input type="checkbox"/>
			<input type="checkbox"/> Lymes	<input type="checkbox"/>

**YES NO**

Is your pet microchipped? Type/Number \_\_\_\_\_

Is the dog/cat on heartworm preventive?

Has the pet been checked for intestinal parasites in the last 6 months?

Any vomiting, coughing, sneezing or diarrhea?

Is your pet allergic to any drugs? What? \_\_\_\_\_

Has your pet had any accident or illness in last 30 days?

Is your pet currently on any medication? What? \_\_\_\_\_

**OPTIONAL SERVICES AVAILABLE AT ADDITIONAL CHARGE:**

	YES	NO
Dismissal Bath	<input type="checkbox"/>	<input type="checkbox"/>
Playtime	<input type="checkbox"/>	<input type="checkbox"/> _____ Times/Day
Comfort Cushion	<input type="checkbox"/>	<input type="checkbox"/>
Daily Pet Treats	<input type="checkbox"/>	<input type="checkbox"/> _____ Times/Day
Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>
Microchipping	<input type="checkbox"/>	<input type="checkbox"/>



**MEDICAL SERVICES REQUESTED AT ADDITIONAL CHARGE:**

Physical Exam      Specific Problem: \_\_\_\_\_

Fecal Exam      ( ) Heartworm Test      ( ) Update Vaccinations As Above

Dental Prophylaxis

Other: \_\_\_\_\_

		Admitting Technician Initials: _____	
<b>Admitting Physical Exam:</b>	<b>Normal</b>	<b>Abnormal</b>	Temp: _____
Ears	<input type="checkbox"/>	<input type="checkbox"/>	Weight: _____
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	
Nails	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	

If evidence of fleas is present, topical flea drops must be applied. There is a fee charged for this service.

**FLEA EVIDENCE PRESENT: APPLY FLEA DROPS UPON ADMISSION**

SPECIAL INSTRUCTIONS (MEDICATIONS, PROBLEMS, ETC.) \_\_\_\_\_