

Chenal Valley Animal Hospital

Boarding Record

Date In: _____	Out: _____	PU Time: _____
Client: _____	Pet: _____	Cat/Dog Age: _____
Breed: _____	Sex: _____	Color: _____
Weight: _____	Fleas: <u>Y</u> <u>N</u>	Ticks: <u>Y</u> <u>N</u> VACC Current: <u>Y</u> <u>N</u>

Client Section

Items you are bringing for your pet: _____

Diet & Feeding Instructions: _____

Medication Instructions: _____

Does your pet need to see the Doctor? Y N Need to be Groomed? _____ Y N

Emergency Contact Numbers: _____

*In the event of illness or emergency, we will attempt to contact you at the provided numbers. If we are unable to contact you, we will act in the interest of your pet. Needed treatments will be charged to your account.

Client Signature: _____ Date: _____

If your pet is getting ANY medication there will be a \$4 a day charge

DATE	DAY	AM	TIME	NOON	TIME	PM	TIME

BRDC1
BRDC2

BRDC3
BRDC4

BRDCL
BRDXL

BRDC-F

NOTES:
