



## Boarder Admission Sheet

Please complete this form to submit to us at your pet's boarder check-in. A separate form must be filled out for each pet boarding. Thank you.

Client Name: \_\_\_\_\_

Email: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Is your pet on a special diet?:  Yes  No

If yes, please list your pet's diet: \_\_\_\_\_

Have you brought your pet's food for us to feed?:  Yes  No

How much do you feed your pet and how often? (e.g. once a day, twice a day, AM or PM): \_\_\_\_\_

Is your pet on any medications? Please list them and their dosages:

\_\_\_\_\_

\_\_\_\_\_

Does your pet have any allergies (food, medicine, etc)?  Yes  No

\_\_\_\_\_

\_\_\_\_\_

Does your pet get along with other animals?  Yes  No

Is there anything you would like the doctor to check during your pet's physical exam?:

Trim Nails

Check/Clean Ears

Update vaccines

Run Bloodwork \_\_\_\_\_

Other \_\_\_\_\_

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*The following questions will be asked and filled in by us at your pet's check-in:*

Phone number where you or someone responsible for your pet can be reached:

\_\_\_\_\_

When was your pet's last feeding?: \_\_\_\_\_

If your pet is on medication what doses have already been given today and when?

\_\_\_\_\_

When will you pick up your pet? (Day and Time): \_\_\_\_\_

\*\*Please call the day of your pet's scheduled departure, as pets requiring a bath will not be ready for pick up until after 2PM. \*\*