

BOARDING CHECK IN

File # _____
EMERGENCY NUMBER:

DATE IN: _____ DATE GOING HOME: _____

PETS ADMITTED TO BOARD:

VACCINATIONS: Up to Date: _____ Needed For Pet: *Client Initials*

MEDICATIONS:

Heartworm & Flea Prevention:

Other Medications:

Not On Any

Brought

Brought

Put Up

Put Up

Still Needed

Type

Today

Feeding Instructions:

Brought Own Food:

Science Diet Sensitive Stomach

Feed How Often: Free Feed Once Daily Twice Daily Three Times Daily

Other Feeding Instructions:

OTHER THINGS BROUGHT IN:

SERVICES REQUESTED WHILE BOARDING: Please circle all that apply *Client Initials*

Bath Check Ears Check Skin Dental Surgery Vaccinations

Other:

ANY PROBLEMS NOTED AT HOME? Please circle all that apply

None Coughing Sneezing Vomiting Gagging Bowel Movements Appetite

Perkiness Scratching Eyes Urination Scooting Shaking Ears

Other

PHYSICAL EXAMINATION:

FLIP THE LIP: GRADE I GRADE II GRADE III GRADE IV Dental Cleaning: Yes No

FLEAS? YES NO

BATH TO GO HOME (BTGH): YES NO *Client Initials*

TICKS? YES NO

Shampoo Requested: _____
Proposed Date of Bath: _____