**Companion Animal Clinic & Kennel**

**Boarding Information**

**Drop off Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick up Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PET #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PET #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **FEEDING INSTRUCTIONS for Pet #1** | **FEEDING INSTRUCTIONS for Pet #2** |
| \_\_\_\_ CUP(S) DRY \_\_\_\_\_\_ TIMES/ DAY | \_\_\_\_ CUP(S) DRY \_\_\_\_\_\_ TIMES/ DAY |
| \_\_\_\_ CAN \_\_\_\_\_\_ TIMES/ DAY | \_\_\_\_ CAN \_\_\_\_\_\_ TIMES/ DAY |

|  |  |  |  |
| --- | --- | --- | --- |
| **MEDICATIONS:** Please list all medications & dosages your pet needs to receive while boarding | | | |
| *\*\*\*\*All Medication should be in original bottles to ensure correct dosing\*\*\*\** | | | |
| **PET #1** | | **PET #2** | |
| Medication: | Dosage: (Amount & times/ day) | Medication: | Dosage: (Amount & times/ day) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BOARDING VACCINATIONS** | | | | | |
| *The following vaccinations and services are* ***REQUIRED*** *to board at CAC:* | | | | | |
| **PET #1** | | | **PET #2** | | |
|  | Due Date: | Owner Initials |  | Due Date: | Owner Initials |
| Annual Exam (Required for Vaccination) |  |  | Annual Exam (Required for Vaccination) |  |  |
| Rabies |  |  | Rabies |  |  |
| Distemper |  |  | Distemper |  |  |
| K9 Flu |  |  | K9 Flu |  |  |
| K9 Bordetella |  |  | K9 Bordetella |  |  |
| Fecal test |  |  | Fecal test |  |  |
| *The following vaccinations and services are* ***NOT REQUIRED*** *to board at CAC but highly recommended:* | | | | | |
| K9 Leptospirosis |  |  | K9 Leptospirosis |  |  |
| K9 Lyme vaccine |  |  | K9 Lyme vaccine |  |  |
| Heartworm/tick test |  |  | Heartworm/tick test |  |  |

**MEDICAL CONDITIONS:** Please list any medical conditions or history of which we should be aware of while your pet is boarding with us. (i.e. orthopedic problems, back problems, food allergies, etc.) \*NOT TO BE TREATED UNLESS WORSENS\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*PLEASE SEE OTHER SIDE\*\*\***

|  |  |
| --- | --- |
| \*\*I would like to be called PRIOR to treatment conditions discovered while boarding  YES NO  \*\*I would like to be called AFTER treatment conditions discovered while boarding  YES NO | OWNER INITIALS |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **\*\*ADDITIONAL FEES ARE ASSESSED FOR ANY OF THE FOLLOWING SERVICES \*\*** | | | | |
| **MEDICAL SERVICES:** Please CIRCLE any additional services you request during this boarding stay | | | STAFF USE: | |
| **NAIL TRIM** | **ANAL GLANDS** | OTHER:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Tech:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **\*\*ADDITIONAL FEES ARE ASSESSED FOR ANY OF THE FOLLOWING SERVICES \*\*** | | | | |
| KENNEL SERVICES: Please CIRCLE any additional services you request during this boarding stay | | | STAFF USE: | |
| KENNEL BATH | ADD’T WALK  \_\_\_\_ TIMES/ DAY | PLAYTIME:  \_\_\_\_ TIMES/ DAY | **Kennel:** |  |

Has your pet bitten anyone? YES NO

May we put bedding in with your pet? YES NO

*\*\*\*We are not responsible if your pet ingests any foreign materials. We will monitor and remove items if we see problems\*\*\**

PERSONAL BELONGINGS: Please list all personal belongings you are leaving with your pet. *\*We try to ensure all belongings are returned to you, however we do not guarantee against loss or damage\**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE NUMBERS:** In case of emergency, please list the number (s) where you can be reached:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LOCAL CONTACT name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this person have your permission to authorize medical treatment for which you will be financially responsible? YES NO

|  |
| --- |
| \*\*If no one can be reached to make an emergency decision on my pet’s behalf, I authorize Companion Animal Clinic Doctors to make decisions based on my pet’s best interest.\*\*  \*\*I will be financially responsible for all fees incurred for treatment and care of my pet(s) including consulting veterinary specialists.\*\*  \*\*Pets that are infested with fleas or those that are unusually dirty will be bathed, and I understand that these services will be charged and must be paid at the release of my pet.\*\*  **Owner Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_ **Staff:** \_\_\_\_\_\_\_\_\_\_ |