



Emp. Initials: ____/____

BOARDING ADMISSION FORM

Pet's Name: _____ Age: _____ Owner's Name: _____

Weight: _____ Arrival Date: _____ Leave Date: _____ Pick up Time: _____

Best phone number to contact:

May we text? Y/N

Items brought with pet:

When is pet due for ANNUAL exam? _____

Date **Dog** vaccine was given: RV: _____ (1yr/ 3yr) DHPP: _____ (1yr/ 3yr) KK: _____

Lepto: _____ (**not required** - lifestyle based vaccine)

Date **Cat** vaccine was given: RV: _____ (1yr/ 3yr) FVRCP: _____ (1yr/ 3yr)

Is your pet on HW prevention? Y/N Which kind? _____ Do we need to administer? Y/N

Is your pet on flea medication? Y/N Which kind? _____ Do we need to administer? Y/N

Any services needed while boarding?	Yes <input type="checkbox"/>	see red sheet	No <input type="checkbox"/>
Will we be giving any medications?	Yes <input type="checkbox"/>	see med sheet	No <input type="checkbox"/>
Is bath requested?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Complimentary Nail Trim w/bath	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Feeding Instructions: We feed Purina EN (dogs) or DM (cats)			
Type: _____	Amount: _____	How Often: _____	
Is This Pet A High Risk / Group Boarder?			
Ongoing medical condition _____			
Signature: _____		Dr. or Ana approval _____	

I have read and understand the True Companion Animal Hospital boarding information sheet.

Client signature: _____ Date: _____