

**BOARDING PATIENT INTAKE FORM**

**Boarding Dates:**

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Drop off Time: \_\_\_\_\_ am/pm

Estimated time of pickup: \_\_\_\_\_ am / pm

**\*Note- Standard discharge time is before 3:00pm, if picking up later than standard time, a fee of \$15 will be applied\***

**Guest Information:**

Owners Name: \_\_\_\_\_ **Please circle:** Feline / Canine

Pets Name: \_\_\_\_\_

**Feeding Instructions:**

Did you bring your pet's own food today?      Y / N

If so, brand of food: \_\_\_\_\_

Dry or canned (or both): \_\_\_\_\_

How many times a day does your pet eat? **Please circle all that apply:**    AM      Lunch      PM

How much do you feed your pet each meal? \_\_\_\_\_

Does your pet have any food allergies?      Y / N

If so, please explain: \_\_\_\_\_

**General Information:**

Can your pet have a blanket, bed or towel while boarding?      Y / N

Are there any behaviors that we should be aware of while your pet stays with us? (i.e. anxiety, aggression, etc.)      Y / N

**Medical Information**

Is your pet current on **flea/tick** preventative:    Y / N      Date it was given/ applied: \_\_\_\_\_

Which preventative was used: \_\_\_\_\_

Any current **medical conditions**? (including allergies, diabetes, cardiac etc.)

\_\_\_\_\_

Would you like your pet **examined by a doctor** during their stay? (EXAM FEE APPLIES) Y / N

**Current medications:**

Will your pet **require any medications** while boarding: Y / N

If so, what are they? How often are they given? (please include any supplements and vitamins)

Name of Medication: \_\_\_\_\_

Route Given: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times given daily: \_\_\_\_\_

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Did your pet receive his/her meds today? Y / N Please circle: AM PM

**Grooming Needs:**

Would you like your pet to receive a **bath, nail trim & ear cleaning during** their stay? (ADDITIONAL FEE APPLIES) Y / N

\_\_\_\_\_  
Pet Owner or Agent Signature Date

**Only to be filled out if nothing has changed since your pets last stay,** Tech initials:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sign: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sign: \_\_\_\_\_

To be filled out by hospital staff:

Pet's weight at check in : \_\_\_\_\_

Admitting Technician's Initials

Any change in weight since last visit: \_\_\_\_\_