

BOARDING RECORDS

DATE _____ EXPECTED DISCHARGE DATE _____

OWNERS NAME _____ (Please Print)

PET NAME _____ SEX _____ AGE _____

PLEASE LIST ANY CURRENT HEALTH PROBLEMS/CONCERNS: _____

MEDICATIONS (Please list all medications and specific instructions): _____

BELONGINGS (Blankets, toys, etc): _____

HAVE YOU SUPPLIED YOUR OWN FOOD? YES / NO

HOW MANY TIMES PER DAY DO YOU FEED YOUR PET _____ AMOUNT _____

DOES YOUR PET HAVE ALLERGIES OR ANY SNACKS/FOOD THAT HE/SHE IS NOT ALLOWED OT HAVE? _____

ADDITIONAL SERVICES OFFERED:

BATH (Small \$20.00, Medium \$30.00, Large \$40.00) YES / NO
NAIL TRIM (\$10.00) YES / NO

Should your pet become ill during it's stay, and the staff is unable to contact you, do you direct the veterinarian to render whatever treatment is necessary? (Owner is responsible to cover all costs.)

YES NO

EMERGENCY CONTACT NAME AND NUMBER _____

OWNER' S SIGNATURE _____

VACCINATION WAIVER

If your animal's vaccinations are not current this waiver relieves Westlock Veterinary Center from responsibility in the event that _____ comes in contact with the following or other contagious diseases while hospitalized:

DOGS
 Distemper
 Parvo
 Kennel Cough

CATS
 Panleukopenia
 Rhinotracheitis
 Calici
 Feline Leukemia

IF VACCINATIONS ARE NOT CURRENT WOULD YOU LIKE US TO ADMINISTER WHATEVER VACCINES ARE NECESSARY? YES / NO

Boarding patients may be kenneled beside or in the same vicinity as hospitalized patients.

Date _____

 Owner or Guardian

*******(Clinic Use)*******

DATE	EATING		DRINKING		URINE		STOOL		COMMENTS
	AM	PM	AM	PM	AM	PM	AM	PM	

IF BATH, NAIL TRIM, OR VACCINES REQUESTED PLEASE **DATE & SIGN** WHEN COMPLETED

BATH: _____

NAIL TRIM: _____

VACCINES: _____ (vacc given) _____