

# BOARDING RECORDS

DATE \_\_\_\_\_ EXPECTED DISCHARGE DATE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

## ABOUT YOUR PET

PET NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

LIST ANY CURRENT HEALTH PROBLEMS/CONCERNS

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LIST ALL MEDICATIONS AND SPECIFIC INSTRUCTIONS

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LIST ALL BELONGINGS (BLANKETS, TOYS, ETC.)

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HAVE YOU SUPPLIED YOUR OWN FOOD?  YES  NO

HOW MANY TIMES A DAY DO YOU FEED YOUR PET? \_\_\_\_\_ AMOUNT? \_\_\_\_\_

DOES YOUR PET HAVE ANY ALLERGIES OR FOOD RESTRICTIONS?

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## SELECT ADDITIONAL SERVICES

BATH (SMALL - \$20 | MEDIUM - \$30 | LARGE - \$40)  YES  NO

BATH (\$10)  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 \_\_\_\_\_ PHONE # \_\_\_\_\_

OWNER/GUARDIAN SIGNATURE \_\_\_\_\_



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