

Client: _____
 Pet: _____
 Age: _____
 Breed: _____

Date: _____

BOARDER CHECK IN SHEET

Please print, complete and bring this form with you at the time of your pet's appointment.

Boarding until: _____

Additional Services Requested: _____

GENERAL BOARDING QUESTIONS:

Emergency Numbers: _____ Home Numbers: _____ Other Number: _____

Check for fleas: (please check one) NO FLEAS FOUND FLEAS FOUND ADDIT. COST FLEA PRODUCTS WANTED
 = = = _____

Is the pet on special food? (please circle one) YES TYPE: _____ NO

Feeding Instructions: _____

CANINE VACCINE REVIEW						FELINE VACCINATION REVIEW				
VACCINE	DUE DATE	DO IT	REF	OTHER		VACCINE	DUE DATE	DO IT	REF	OTHER
DA2PLP	_____	=	=	_____		FVRPCP	_____	=	=	_____
RABIES	_____	=	=	_____		RABIES	_____	=	=	_____
LYMES	_____	=	=	_____		Ask Owner about:	=	PURVAX or	=	Rabvac
BORDETELLA	_____	=	=	_____		FELV VACC	_____	=	=	_____
CORONA	_____	=	=	_____			DONE BEFORE	DO IT	REF	OTHER
HWT DO THEY NEED HWP? (please circle)	_____	=	=	_____		FELV/FIV TEST	_____	=	=	_____
	YES NO TYPE			_____		MICROCHIP	_____	=	=	_____

FECAL REVIEW LAST DONE DO IT REF OTHER
 _____ = = _____

MICROCHIP DONE DO IT REF OTHER
 _____ _____ _____ _____

GROOMING QUESTIONS

Would owner like their pet groomed? (please circle one) YES NO

If yes to grooming, tell owner about the possibility of sedation. If no sedation, tell about charge for additional tech support =

If yes to sedation, check age of pet, if over 7 recommend Bloodwork (ISTAT): (please circle one) DO IT REFUSED

Choose all that apply: DO IT DO IT

Dematt _____	Rectal Shave _____
Lion Cut _____	Bath _____
Complete Shave _____	Nail Trim _____
	OTHER: _____

NEW CLIENT – MUST LEAVE DEPOSIT =

OWNERS COMMENTS OR ADDITIONAL REQUESTS: _____