

WELCOME TO ANIMAL CLINIC OF WALLA WALLA

Boarding Form

OFFICE USE ONLY

Please fill out to the best of your knowledge:

DVMax Updated _____

Date: _____

Client Info Form Updated _____

Owner's name: _____

Email Address: _____

Pets name: _____

Phone number: (name of who we are calling if different than above) _____

What is the start and end date that your pet will be boarding?

Start: _____ End: _____

Is your pet up to date on his/her vaccinations? _____

If not, we will vaccinate your pet while boarding here to prevent the spread of preventable diseases. (Please initial) _____

Is your pet on flea treatment? Yes / No

If yes, what type and the last date dose was given? _____

Is your pet on any medication Yes / No

If yes, what medication, what dose and how often? _____

If once daily medication, when was the last dose given? _____

Did you bring your pet's own food? Yes / No

How often does your pet eat? (ie: twice daily/ free feed) _____

What type of food does your pet eat? (ie canned/dry/ both) _____

How much of each food do you feed your pet per meal/per day? | _____

Please list any items you brought for your pet. (ie: toys, beds, blankets, bones etc.)

Any additional questions or comments? _____

Signature: _____