

BOARDING CHECK-IN FORM

Animal's Name: _____ **Weight** _____

Client's Name: _____ **Bath (Yes or No):** _____

Boarding Days: Start: _____ AM or PM End: _____ AM or PM

EMERGENCY CONTACT: NAME _____ **PHONE #** _____

ALERT _____

I give Mountain View Veterinary Health Center permission to treat _____ accordingly if medically necessary (with-in reason). _____ (Signature) Please call if treatment is expected to exceed \$ _____

Special Instructions: _____ RUN _____ LARGE CAGE _____ SMALL CAGE _____ OWN CAGE (Exotics)

Food: _____ Kennel Food _____ Own Food _____

_____ Free Feed _____ Feed _____ x's per day **AM** _____ cups **PM** _____ cups

If feeding wet food, how much per feeding _____

Was last fed (date) _____ (time) _____

Treats _____ Y or N _____ How often _____

Medical Concerns: Medications: Y or N _____

_____ Next dose due (date) _____ (time) _____

Medical Concerns (ie Seizures, allergies etc.) Y or N _____

Personal Belongings: Toys _____ Y or N _____

Bedding Material _____ Y or N (color) _____ (pattern) _____

Carrier /Leash/ Collar _____ Y or N _____

Vaccinations & Testing:

Feline: _____ Animal is current on all vaccinations.

_____ FVRCP + FeLV – Annual Vaccination. Required to board. **Date last given** _____

_____ Rabies – Annual for first vaccination, then every three years. Required to board.

Date last given _____

_____ Leukemia and AIDS testing - Recommended prior to spay or neuter procedure if test has not already been done.

_____ Heartworm Preventative – No testing required for cats at this time.

Canine: _____ Animal is current on all vaccinations.

_____ Bordetella – Kennel Cough. Recommended for dogs that are groomed. **Required for dogs that board at the clinic. Date Bordetella vaccination last given** _____

_____ DA2P+PV Annual vaccination. Required for dogs that board at clinic. **Date last given** _____

_____ Rabies – **REQUIRED BY LAW.** Annual for first vaccination, then every three years.

Date last given _____

_____ Heartworm testing. – A quickly growing disease in Utah.

Other: _____ Microchip _____ Anal glands expressed _____ Nail Trim _____ Clean Ears _____ Deworm

_____ Heartworm preventative _____ Check other concern.

Comments/Other Instructions _____

Check In Receptionist Initials _____