

CHECKED IN:
(date/time/initials)

CHECKED OUT:
(date/time/initials)

ASHLAND ANIMAL CLINIC
Boarding Form

Pet Name: _____ Owner Name: _____ Chart#: _____

CHECK IN DATE: _____ CHECK OUT DATE: _____

ITEMS Collar/Leash: _____ Toy(s): _____

MEDICATIONS

Is your pet ON a monthly heartworm preventative? YES ☐ NO ☐ What brand? _____

Does your pet NEED a dose while boarding? YES ☐ NO ☐ Purchase? _____ Quantity? _____ Date? _____

Is your pet ON a monthly flea preventative? YES ☐ NO ☐ What brand? _____

Does your pet NEED a dose while boarding? YES ☐ NO ☐ Purchase? _____ Quantity? _____ Date? _____

Is your pet on any other medications/treatments? YES ☐ (fill out chart below) NO ☐

If yes, when is the next dose due? _____

MED/TX _____ Times/day _____

MED/TX _____ Times/day _____

MED/TX _____ Times/day _____

DIET

We feed Purina EN (sensitive stomach) to our boarders.

☐ I brought my own food. Brand? _____

Feed my dog: ☐ once a day ☐ twice daily ☐ free feed How much? _____

Does your pet need to be fed today? ☐ YES ☐ NO If yes, when? _____

BATH

Do you want us to bathe your pet the day of scheduled pickup? ☐ YES (pick up after 4, addt. charge) ☐ NO

SERVICES

Does your pet need to see a Veterinarian while boarding? ☐ YES (explain below) ☐ NO

EMERGENCY INFORMATION

☐ Please do NOT treat my pet if he/she becomes ill without calling me first.

☐ Please treat my pet if he/she becomes ill up to \$_____ before calling me.

☐ Emergency numbers to contact me: _____ call/text (circle for preference)