BOARDING REGISTRATION FORM

All Boarders MUST Have Up-To-Date Bordatella (Kennel Cough) Vaccinations!

Drop-Off Date Requested:

Pick-Up Date Requested:

Owner's Name:

Owner's Phone Number

Owner's Address:

Pet's Name:

Emergency Contact Name:

Emergency Contact Phone Number:

Would you like your pet bathed?

Would you like your pet dipped?

List your pet's belongings:

The hospital shall not be responsible for the loss, theft or destruction of any personal property left with the above pet.

How many times should we feed your pet per day?

Feed my pet in the:

Tell us how much we should feed your pet:

Will you feed your pet prior to arrival for boarding?

Will your pet receive his/her medications prior to arrival for boarding?

Please list any special instructions (include detailed medication directions and anything that you wish the doctor to check for)

By Clicking The "Submit" Button, I Certify That I Am In Agreement With All Terms & Conditions For Boarding My
To Pick Up My Pet On The Above Date Specified. If Circumstances Change, I Will Notify The Practice Of The New

DROP-OFF RELEASE FORM

Today's Date:

Owner's Name:

Owner's Phone Number:

Owner's Address:

Pet’s Name:
Reason For Visit:

Will Your Pet Be Fed Prior To Arrival?

Is Your Pet On Heartworm Prevention?

If You Answered "Yes" To The Previous Question And You Would Like To Refill Your Pet’s Heartworm Medication, Then Please Specify The Name Of The Desired Medication:

Is Your Pet On Flea Prevention?

If You Answered "Yes" To The Previous Question And You Would Like To Refill Your Pet’s Flea Prevention Medication, Then Please Specify The Name Of The Desired Medication:

Has Your Pet Been Checked For Intestinal Parasites In The Last 6 Months?

Has Your Pet Ever Had Any Reaction To Medications?

Has Your Pet Ever Had Any Reaction To Vaccines?

Has Your Pet Ever Had Any Reaction To Anesthesia?

Is Your Pet Currently On Any Medication(s)?

If "Yes", Please List The Name Of The Medication And The Dosage:
HAS YOUR PET SHOWN ANY SIGN OF THE FOLLOWING?:

Vomiting?

Diarrhea?

Listless?

No Appetite?

Weakness?

Coughing?

Gagging?

Scratching?

Shaking Head?

Scooting?

Seizures?

Abnormal Amount Of Urination?

Abnorma Amount Of Drinking?

Limping?

Abnormal Weight Loss Or Gain?

Unusual Lumps Or Bumps?

TESTS & SERVICES TO BE PERFORMED DURING THIS VISIT:
Puppy/Kitten Wellness Exam
Annual Wellness Exam
Intestinal Parasite Exam
Deworm (If Needed)
Heartworm Test
FELV Test
FIV Test
Bath
Dip
Grooming
Other (Please Specify):

May We Sedate/Anesthesize Your Pet If Necessary?

By Clicking The "Submit" Button, I Agree With All Of The Following:The practice is to use all reasonable precaution
escape, or death of my pet. The practice and staff WILL NOT be held liable for any problems that develop provided re
and precautions are followed. I understand that ANY problem that develops with my pet while I’m absent will be treat
best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. I agree to

services rendered at the time my pet is discharged from the practice or the service is otherwise terminated. I agree to pa
reasonable costs of collection, attorneys fees and court costs in the event that collection efforts become necessary. I agr
the venue of this action will be in the county where the practice is located. If I neglect to pick up my pet within 7 days
date below and do not notify the practice within that time frame, the practice may assume that the pet is abandoned and
authorized to dispose of the pet as deemed best and/or necessary.

NEW CLIENT INFORMATION FORM

Date:

Owner’s Name:

Owner’s Address:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Employer:

Email Address:

How did you become aware of us?

Pet’s Name:

Pet’s Breed:

Pet’s Color:

Pet’s Sex:

Pet’s Date Of Birth:

Date Of Most Recent Vaccinations:

May we contact your previous veterinarian for a records transfer?

Previous Clinic’s Name:

Previous Clinic’s Address:

By Clicking The "Submit" Button, I Certify That I Am In Agreement With All Terms & Policies Of This Practice.

NEW CLIENT INFORMATION FORM

Are you a new client?:

Date:
Owner’s Name:

Owner’s Address:

Home Phone Number:
Work Phone Number:
Cell Phone Number:
Other Number:
Email:
How did you become aware of us?
Pet’s Name:
Pet’s Breed:
Pet’s Color:

Pet’s Sex:

Pet’s Date Of Birth:
Date Of Most Recent Vaccinations:
Please list the most recent vaccines given to your pet:
Microchip Number:

May we contact your previous veterinarian for a records transfer?

Previous Clinic’s Name:

Previous Clinic’s Address:

Please list the current medications and food your pet is on:

Please list any behavioral issues your pet may have:

By clicking the "Submit" button, you agree to a $39.00 office visit fee due at the time of services rendered (unless othe
specified) and acknowledge that prices and policies are subject to change. We do not accept checks on the first visit --
Credit/Debit card payment is required.

DROP-OFF RELEASE FORM -- Please allow 48 hours for processing of drop off form.
Today’s Date:
Owner’s Name:
Pet’s Name:
Reason for visit today:
Please list the medications your pet is currently taking along with the dosage:
Please select any of the symptoms your pet displays (Hold the "control" button to select multiple items).

Water:

Urination:

Stools:

Vomiting:

Respiratory:

Eyes:

Ears:

Skin:

Seizures:

Limping?:

If so, which leg?

May We Sedate/Anesthesize Your Pet If Necessary?

Does the veterinarian need to call you with an estimate before any treatment is done?

I authorize the following amount before the veterinarian consults with me:
Please list the best phone numbers to reach you at today:
Phone Number #1:
Phone Number #2:
Phone Number #3:
NEW CLIENT INFORMATION FORM
Date:
Owner’s Name:
Owner’s Address:

Home Phone Number:
Work Phone Number:
Cell Phone Number:
Employer:
Driver’s License Number:
How did you become aware of us?
Pet’s Name:
Pet’s Breed:
Pet’s Color:

Pet’s Sex:

Pet’s Date Of Birth:
Date Of Most Recent Vaccinations:
Previous Clinic’s Name:

Previous Clinic’s Address:

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New Address

New Address

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date below and do not notify the practice within that time frame, the practice may assume that the pet is abandoned and
authorized to dispose of the pet as deemed best and/or necessary.

CLIENT SATISFACTION SURVEY

Date Of Your Visit:

Please Indicate How You Would Rate Us Based On A Scale From 1 to 5, Where 5=Excellent And 1=Poor

Professionalism Of Our Staff:

Cleanliness Of Our Facility:

Quality Of Services Received:

Overall Impression Of Our Practice:

Did You Have To Wait Past Your Scheduled Appointment Time?

If You Answered "Yes" To The Previous Question, Then Please Tell Us How Long You Had To Wait For Your Appointment:

Please Feel Free To Leave Us Any Additonal Comments: