BOARDING PATIENT RECORD

Patient Name_____ Date_____ Time___:____ AM PM Wt._____

Same Family Pet(s):_____ Can Play CANNOT Play

Owner's Name_____ Phone (_____)_____-_____

Alt. Contact_____ Phone (_____)_____-_____

Alt. Contact_____ Phone (_____)_____-_____

Check in Date:____/____/____ Check Out Date:____/____/____ Total # of nights_____

Small Dog Runs Luxury Suite (w/ housemates) Kitty Condo Own Cage

GROOMING: BB MG FG NT Date:_____Notes:_____

FEEDING: Kennel Food (EN) by weight (K9 = cup per 20 lbs) = _____ cup(s)/day

Own Food_____ Amount_____ SID (AM/PM) BID FREE

Own Food_____ Amount_____ SID (AM/PM) BID FREE

Treats:_____

MEDICATIONS/SUPPLEMENTS: N/A

Name_____ Qty_____ SID (AM/PM) BID TID For:_____

Name_____ Qty_____ SID (AM/PM) BID TID For:_____

Name_____ Qty_____ SID (AM/PM) BID TID For:_____

PERSONAL ITEMS: None Items Labeled By:_____

Bed/Blanket_____ Leash_____ Collar/Harness_____

Toy(s)_____Other_____

SPECIAL NOTES:_____

K9 DHPPC
4Lepto
DAP
Bordetella
Rabies
1yr 3yr
Lymes
ProHeart
Flu

FEL RCCP
FeLV
Bordetella
Rabies 1yr

Fecal _____
HW _____
4DX _____
FeLV _____

Dewormer
_____.
_____.
_____.
_____.
_____.

CHECK—IN Tech Exam Only Needs Tech Services Needs DVM Services

Up to Date on Vaccines Needs Vaccines CHARGES ENTERED By:_____

Parasite Control Done @ Home:_____ Date_____

Parasite Control By YFV: Advantix Revolution Color_____ By_____

HISTORY: Eating (Y/N) Drinking (Y/N) Vomiting (Y/N) Diarrhea (Y/N) Coughing (Y/N) Scratching (Y/N) Sneezing (Y/N)

Hx of Fleas/Ticks (Y/N)_____ Tick Dip Needed Preventic Collar Needed

CHECK IN CONDITION: Ears_____ Eyes_____ Skin_____

Teeth_____Other:_____TECH:_____

VITALS (if vaccinating): Temp_____ Pulse_____ MM/CRT_____

Medical Hx Notes cont… Patient Name Last Name Date

BOARDING RELEASE (Please initial each item and sign at the bottom)

____ I understand that YOUR FAMILY VETERINARIAN, INC requires flea & tick prevention applied to every boarding pet (excluding exotic pets). I understand this is in an effort to prevent flea & tick transmission between pets and/or infestation of the building.

____I understand that because flea/tick products are not 100% effective, it is possible for any pet to acquire fleas/ticks from other boarding pets even if all pets have preventatives applied.

____ I understand that a boarding bath is required when a pet has been boarding more than 5 nights at this facility. (excludes cats/exotics)

____ I understand YOUR FAMILY VETERINARIAN, INC is not responsible for damage done to personal items by the boarding pet.

____ I understand that if the bed/blanket provided at check in is larger than the YOUR FAMILY VETERINARIAN,INC washer capacity, the items will go home unwashed.

____ I understand that a boarding environment for some pets may cause them to change (increase or decrease) their eating habits while they adapt to the new environment. Minor weight gain/loss is not abnormal.

____ In the event of a life threatening situation, YOUR FAMILY VETERINARIAN, INC will make every effort to get a hold of the pet owner using the phone numbers provided. YOUR FAMILY VETERINARIAN, INC will perform whatever services necessary to stabilize the pet. The pet owner will be financially responsible for these services.

____ In case of DIARHEA, I understand that YOUR FAMILY VETERINARIAN, INC must determine if the cause is pet specific, or if the cause if something that needs to be isolated from other pets. If DIARHEA (liquid, w/ or w/o blood, mucous, black) persists the pet will require and EXAM, FECAL TESTING (Cytology, Direct, Float) and MEDICATION. The pet owner is financially responsible.

At YOUR FAMILY VETERINARIAN, INC every effort is made to provide a safe and clean boarding environment for every pet that stays at our facility. We rely on the input of the pet's owner to know what the pet's normal routine is, and to help that pet adapt to the boarding facility as comfortably as possible.

If you have a pet with special medical needs, we rely on the pet owner for very specific instructions and a detailed history so that we can best care for your special needs pet.

Pet Owner_____Staff Witness_____Date_____

____ Frequent Boarder—Last Signed On_____ (Must Resign Every 6 Months)