Animal and Bird Clinic of Mission Viejo
24912 Chrisanta Drive • Mission Viejo, CA 92691 • (949) 768-3651 • FAX (949) 768-1333

FELINE BOARDING FORM

Client: ______________________________ # __________ Patient: ______________________ Date: _________________

Number where you or designated agent can be reached in case of an emergency: ( ) ______________________________

Weight: ______________ Temperature: _________________ Age: _________________ Sex: F FS M MN

Pick Up Date: ____ Time: _______________________ ☐ am ☐ pm

- Doctor Exam: ☐ Yes ☐ No Please Check: ____
- Boosters: ☐ FVRCP ☐ FELV ☐ Rabies ☐ FIP ☐ Current
- Boarder Bath: ☐ Yes ☐ No Nail Trim: ☐ Yes ☐ No
- Diet: Eukanuba: ☐ Yes ☐ No Special: ☐ Yes ☐ No Instructions: ____________________
  ____
- Medication to be given while boarding:
  - ____________________________________ Last Given __________________ times per day _______ am ___________ pm
  - ____________________________________ Last Given __________________ times per day _______ am ___________ pm
  - ____________________________________ Last Given __________________ times per day _______ am ___________ pm
  - ____________________________________ Last Given __________________ times per day _______ am ___________ pm
- Property: ____
- Nightly Rate: ____________________________

If tranquilizers are necessary for treatment or handling, I give my permission to the Animal & Bird Clinic to administer such medications. All animals entering the hospital must be up to date on vaccinations and free of external parasites (fleas, ticks, etc.) or they will be treated upon entry (fees will apply). I also authorize the Animal & Bird Clinic to do whatever is necessary should an emergency situation arise. Payment is required when animal(s) are released. Pets are released only during regular clinic hours. If I neglect to pick up my pet(s) within 5 days of the date above, you may assume that the pet is abandoned and you are hereby authorized to discharge the pet as you deem best and necessary.

Signed: ____________________________________ Date: ________________ Admitted By: ______________________________

TO BE FILLED OUT BY DOCTOR/TECHNICIAN

1. ATTITUDE:
☐ Normal/Alert ☐ Other ______

2. HYDRATION:
☐ Normal ☐ Other _______

3. COAT & SKIN:
☐ Normal ☐ Oily ☐ Itchy ☐ Dull
☐ Shedding ☐ Scaly ☐ Matted ☐ Dry
☐ Parasites ☐ Tumors
☐ Other ____________________

4. EYES:
☐ Normal ☐ Discharge ☐ Infection
☐ Inflamed ☐ Cataract ☐ Deformities
☐ Other ____________________________

5. EARS:
☐ Normal ☐ Mites ☐ Inflamed
☐ Itchy ☐ Excessive Hair ☐ Tumor
☐ Other ____________________________

6. NOSE & THROAT:
☐ Normal ☐ Discharge ☐ Infl. Tonsils
☐ Infl. Throat ☐ Enlarged Lymph Gland
☐ Other ____________________

7. MOUTH, TEETH, GUMS:
☐ Normal ☐ Infl. Lips ☐ Loose Tooth
☐ Tartar ☐ Broken Teeth ☐ Pyorrhea
☐ Gingivitis ☐ Tumors
☐ Other ___________________________

8. LEGS & PAWS:
☐ Normal ☐ Joint Prob. ☐ Lameness
☐ Nail Prob. ☐ Damaged Ligaments
☐ Other ___________________________

9. WEIGHT:
☐ Normal ☐ Over by: __________
☐ Under by: ____ ☐ Other ____________

10. HEART:
☐ Normal ☐ Slow ☐ Fast
☐ Murmur ☐ Other _________________

11. LUNGS:
☐ Normal ☐ Breathing Difficulty ☐ Congestion
☐ Coughing ☐ Abnormal Sound ☐ Rapid Resp.
☐ Other ___________________________________

12. ABDOMEN:
☐ Normal ☐ Mass ☐ Tense/Painful
☐ Enlarged Organs ☐ Fluid
☐ Other ______________________

13. GASTROINTES. SYSTEM:
☐ Normal ☐ Abn. Feces ☐ Vomit
☐ Gas ☐ Parasites ☐ Anorexia
☐ Other ______________________

14. UROGENITAL SYSTEM:
☐ Normal ☐ Enlarged Prostate
☐ Mammary Tumors ☐ Abn. Urination
☐ Genital Discharge ☐ Abn. Testicles
☐ Other ______________________

15. LYMPH, TONSILS, THYROID:
☐ Normal ☐ Other ___________

16. CNTRL. NERVOUS SYSTEM:
☐ Normal ☐ Other ___________

17. ANAL SACS
☐ Normal ☐ Abscessed ☐ Infected
☐ Full ☐ Other ______________

DESCRIPTION (Use same numbers as above for corresponding descriptions below.)

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Examined By: ____