

Betty Baugh's Animal Clinic  
Boarding Record

Date In \_\_\_\_\_

Date Out \_\_\_\_\_

<b>Client Number</b> _____	<b>Client Name:</b> _____	<b>Patient Name:</b> _____
<b>Patient DOB:</b> _____	<b>Diet:</b>	<b>Feeding Instructions:</b>
<b>Breed/Sex:</b> _____		
<b>Emergency Contact:</b> _____	<b>Medications and Direction:</b>	
<b>Belongings:</b>	<b>Flea &amp; Tick Prevention last given:</b>	

<b>Key</b>	<b>Urine: (+) Yes, (-) No, (B) Bloody</b>	
	<b>Stool: (-) None, (+N) Normal, (+S) Soft, (+D) Diarrhea, (+B) Blood</b>	
	<b>Appetite (N) None eaten, 1/4, 1/2, 3/4, (A) All eaten</b>	

DATE:	Urine:	Stool:	Appetite:	Fed/Notes
Am				
Mid				
Pm				
DATE:	Urine:	Stool:	Appetite:	Fed/Notes
Am				
Mid				
Pm				
DATE:	Urine:	Stool:	Appetite:	Fed/Notes
Am				
Mid				
Pm				

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Mid				
Pm				
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Am				
Mid				
Pm				



## Boarding Medication Record

Date:

Client Name:

Patient Name:

In order to ensure accurate medication dosages and diet requirements while your pet is with, please complete the following questionnaire. All patient medication is required by Virginia State law to be in its original packaging.

Diet \_\_\_\_\_ Amount fed? \_\_\_\_\_ Frequency? \_\_\_\_\_

Please print:

<b>Current Medications:</b>	<b>Dosage (mg strength)</b>	<b>Frequency (am, am &amp; pm etc )</b>	<b>Last dose given</b>
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### Diabetic patients only:

Name of Insulin: \_\_\_\_\_

Dosage (quantity administered) \_\_\_\_\_ (units)

Frequency \_\_\_\_\_ (am only, am & pm etc)

Type of syringes used: U-40 or U-100 (circle one)

When was the last dose given? \_\_\_\_\_

Did your pet eat this morning prior to insulin given? \_\_\_\_\_

Special Diet \_\_\_\_\_

Quantity fed \_\_\_\_\_ Frequency \_\_\_\_\_ ( am only, am & pm etc)

### Additional detail/notes:

\_\_\_\_\_ Client signature

\_\_\_\_\_ (BBAC team member)