



Chanticleer Veterinary Hospital – Boarding Form

Owner's Name: _____

Pet's Name: _____

Date Boarding Begins: _____ Ends: _____

Emergency Phone Numbers: _____



*To board all dogs must be current on **DHLpP, Bordetella, Rabies**, and the **Flu** vaccine. Cats must be current on **FVRCP** and **Rabies**.*

Is your pet current on vaccines? Yes / No



Has your pet been eating and drinking normally? Yes / No

Has your pet been urinating and defecating normally? Yes / No

Has pet experienced any vomiting or diarrhea lately? Yes / No

Has your pet ever had a seizure? Yes / No

If yes, how often? Is she/he on any medication for seizures? _____

Does your pet have any known allergies? Yes / No

If yes, to what? _____

Please list any medications or treatments* and the instructions your pet will need while boarding:

• _____

• _____

If we find a medical problem with your pet while boarding we will contact you. If we cannot reach you, would you like us to treat right away* or wait for your return?

***Please be aware there will be an additional charge for all treatments while boarding.**

Please Turn Over To Finish....

Feeding Instructions:

Please circle what you would like your pet to have.

Dogs	Cats
Chicken and Rice.....dry canned	Chicken and Rice.....dry
Own Food.....dry canned	Seafood.....canned
	Own Food.....dry canned

- How much should we feed your pet at each meal? _____
- How often? _____
- Is your pet on a special diet? Yes / No
- If yes, what is it and did you bring it with your pet? _____

- Please list any special toys, treats, or bedding you brought with your pet:

- Would you like your pet to be bathed before you pick him/her up? Yes / No
If yes what time will you be picking up? _____
- Please use this space to write anything else we would benefit from knowing about your pet's behavior or health.

If you will not be the person picking up your pet, please provide us with the name and phone number of the person who will.

Name: _____ Phone: _____

Be sure that this person is aware of our **business hours. Also please arrange for **payment by time of pick up**.**

Note: In order to protect all the animals in our hospital, if your pet is found to have fleas or ticks, we will treat him/her with advantage or frontline. The cost will be \$20.00.

I acknowledge that no staff will be present overnight while my pet is boarding. _____
Initials

I acknowledge that I am financially responsible for all services rendered while my pet is boarding.

Initials

Signature _____ Date _____