

WELCOME TO ANIMAL CLINIC OF WALLA WALLA

Feline Boarding Form

Please fill out to the best of your knowledge:

Today's Date: _____

Owner's name: _____

Pet's name: _____

Email Address: _____

Phone number: _____

OFFICE USE ONLY	
DVMax Updated	_____
Client Info Form Updated	_____
Vaccinations Due:	Rabies _____
	FelV _____
	RCP _____
Flea Treatment Type	_____
Dose Date	_____
Weight	_____

Additional Contact Information: _____

What is the start and end date that your pet will be boarding?

Start: _____ End: _____

If your pet is not up to date on their vaccinations we will administer them.

There will be an additional charge for an examination. (Please Initial) _____

If your pet is not up to date with flea treatment we will administer Frontline Gold.

There will be an additional charge between \$25 and \$30. (Please Initial) _____

Is your pet on any medication? Yes / No

If yes, what medication, what dose and how often? _____

If once daily medication, when was the last dose given? _____

Did you bring your pet's own food? Yes / No

How often does your pet eat? (ie: twice daily/ free feed) _____

What type of food does your pet eat? (ie canned/dry/ both) _____

How much of each food do you feed your pet per meal/per day? Please be specific.

Please list any items you brought for your pet. (ie: toys, beds, blankets, bones etc.)

Any additional comments? _____

Signature: _____