

# WELCOME TO ANIMAL CLINIC OF WALLA WALLA

## Feline Boarding Form

Today's Date: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Pet's name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Additional Contact Info: \_\_\_\_\_

\_\_\_\_\_

### OFFICE USE ONLY

DVMax Updated \_\_\_\_\_

Client Info Form Updated \_\_\_\_\_

Vaccinations Due: Rabies \_\_\_\_\_

FelV \_\_\_\_\_

RCP \_\_\_\_\_

Flea Treatment Type \_\_\_\_\_

Dose Date \_\_\_\_\_

Weight \_\_\_\_\_

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) \_\_\_\_\_

If you would like your pet's nails trimmed while boarding with us.

Nail trim charge is \$19.50 for this request. (Please Initial) \_\_\_\_\_

If treatment is needed for your pet during their stay may we do so? Yes / No (If yes, 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: \_\_\_\_\_