

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	
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 \$23.00 for this request. (Please Initial) _____

If treatment is needed for your pet during their stay or shows significant signs of anxiety/aggression deemed treatable by a Veterinarian we will treat accordingly. (Please initial that you understand) _____

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: _____