

# WELCOME TO ANIMAL CLINIC OF WALLA WALLA

## Canine Boarding Form

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

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

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

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

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

### OFFICE USE ONLY

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

DAPP \_\_\_\_\_

Bordetella \_\_\_\_\_

**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 \$34 and \$36. (Please Initial) \_\_\_\_\_

If you would like your pet's nails trimmed or anal glands expressed.

Nail trim charge is \$25.00 for this request. Yes / No (If yes, please initial) \_\_\_\_\_

Anal gland expression charge is \$31.00 for this request. Yes / No (If yes, 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. (Items not allowed: toys, bones, bedding, bowls, etc.)  
\_\_\_\_\_

Any additional comments? \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_