

# WELCOME TO ANIMAL CLINIC OF WALLA WALLA

## Canine Boarding Form

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

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

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

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

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

\_\_\_\_\_

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 either Revolution topically or Simparica orally.

Have you recently been traveling outside of Washington State with your pet? Yes / No

Does your pet have a history of seizures? Yes / No

There will be an additional charge between \$49.46 and \$74.26. (Please Initial) \_\_\_\_\_

If you would like your pet's nails trimmed, Anal Glands expressed, or a Bath given.

Nail trim charge is \$36 for this request. Yes / No (If yes, please initial) \_\_\_\_\_

Anal gland expression charge is \$46 for this request. Yes / No (If yes, please initial) \_\_\_\_\_

Bath charge is \$52.50- Pet will be given a bath day before departure. 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/Additional Comments. (Items not allowed: toys, bones, bedding, bowls, etc.)

\_\_\_\_\_

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

### OFFICE USE ONLY

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

DAPP \_\_\_\_\_

Bordetella \_\_\_\_\_

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

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

**Weight** \_\_\_\_\_