

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 Revolution.

****If your pet has never been on Revolution please let a staff member know****

There will be an additional charge of \$42.94– \$57.00 depending on weight. (Please Initial) _____

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

Nail trim charge is \$36 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. (Items not allowed: toys, bones, bedding, bowls, etc.)

Signature: _____