

OFFICE USE ONLY

Check in Date: _____ Time: _____

Check out Date: _____ Time: _____

DA2PP EXP: _____

FELV EXP: _____

Bordetella EXP: _____

FVRCP EXP: _____

Rabies EXP: _____

North Valley Veterinary Center
BOARDING INFORMATION SHEET

Pet(s)'s name: _____ Pet's Breed: _____

Birthday: _____ Age: _____ Special Markings: _____

(Circle One): M/F S/N Color: _____ Weight: _____

Is your pet microchipped? Y/N If yes, please provide microchip number: _____

ADDITIONAL SERVICES AVAILABLE DURING VISIT (Please initial all that apply):

Services & Cost
<input type="checkbox"/> Bath & Brush \$25.00
<input type="checkbox"/> Toe Nail Trim \$17.00
<input type="checkbox"/> Anal Gland Expression \$25.76
<input type="checkbox"/> Ear Cleaning (Bilateral) \$66.96
<input type="checkbox"/> Exam: (50% off) \$27.50

Other (please specify): _____

YOUR PET'S HEALTH IS OUR PRIORITY!

Does your pet have any current or past health conditions? Y/N

Does your pet have any health concerns? Y/N

If yes, what are they? _____

Does your pet have any medical restrictions that will prevent/limit them from any activities? Y/N If yes, what are they?

Is your pet currently taking any medications? Y/N

Do the medications need to be refrigerated? Y/N

If yes, please list them and any instructions provided: _____

Does your pet have any known drug allergies? Y/N

If yes, please list them: _____

MEAL TIME!

Does your pet have any known dietary restrictions or food allergies? Y/N

If yes, what are they? _____

How often does your pet eat? _____ times a day OR all day (free-feed) _____

Around what times? _____ a.m. _____ p.m.

Brand of dry food: _____ Brand of wet food: _____

Quantity of dry food: _____ Quantity of wet food: _____

Do you add water to the food? Y/N Do you mix the foods together? Y/N Are there any other special meal instructions? Y/N

If yes, what are the special meal instructions: _____

Is your pet allowed to have treats? Y/N Provided? Y/N What kind? _____

PLEASE CIRCLE ALL CHARACTER TRAITS THAT APPLY:

Chewer-Licker-Jumper-Escape-Artist-Talker-Barker-Runner-Puller-Screamer-Crier-Bully Mouth-Nervous-Digger-Beggar - Shaker-Best with people-Shy-Scratcher-Social Butterfly-Playful biter-Outgoing-Lover-Marker-Anxious-Fearful-Biter Destructive-Sissy-Drama Queen-Opinionated-Teacher's pet-Couch Potato-Hyperactive-Cuddle Bug-Independent-Finicky Eater-Food hound

Other(s): _____

Can your pet jump or climb a 6-foot fence? Y/N

What percentage of time does your pet usually spend in his/her day: Indoors _____ % vs. outdoors _____ %

How would you describe your pet's daily activity level? (**Circle One**): Low | Medium | High

Has your pet been to a boarding facility before? Y/N

What did your pet like or not like? _____

Does he/she play well with others? Y/N

Any type of person, breed, size of dog, shape, sex, etc. your pet doesn't get along with? Y/N

If so, what does your pet do? _____

Has your pet ever received formal training? Y/N

What are your pet's dislikes? _____

Does your pet know any tricks or commands? Y/N

Is there something(s) that frightens your pet? Y/N

If yes, what are they and how do you comfort your pet? _____

Are there any areas of the body does not like to be touched? Y/N

If yes, where? _____

Has your pet ever bit another person or animal before? Y/N

If yes, what happened? _____

Is your pet possessive or aggressive with: (**Circle all that apply**)

House | Yard | Bed | Food | Water | Toys | Bones | Treats | Family | Friends | Strangers | Other: _____

If so, what happens? _____

Is there anything else that we should know about your pet? Y/N

If yes, what else should we know? _____

THANK YOU FOR PROVIDING US WITH THE BEST KNOWLEDGE TO CARE FOR YOUR PET!