

Emerald Valley Pet Medical Center



Boarding Check In Form for Dogs

Pet: _____

Sex: _____

Age: _____ Years

Color: _____

Breed: _____

Client: _____

Phone: () _____ - _____

Today's Date: _____

CHECKING IN Date: _____

Time: _____

CHECKING OUT Date: _____ **Time:** _____

VACCINATED AT: _____

Date of last vaccines: _____ **Current: Yes / No**

FLEAS OR TICKS: YES NO

Last treated for Fleas with : _____ **On:** _____

MEDICATIONS TO BE ADMINISTERED AND DOSAGE: NO MEDS:

FEEDING INSTRUCTIONS:

WE BROUGHT OUR PET'S OWN FOOD PLEASE FEED OUR PET THE HOUSE DIET

Feed How Often: Free Feed 1 X Daily 2 X Daily 3 X Daily
Please feed _____ cups per feeding

OTHER ITEMS OF OUR PET'S WE BROUGHT:

OUR PET IS HAVING ANY PROBLEMS AT HOME ?

None Vomiting Skin Scooting Coughing Diarrhea Ears
Lethargy Sneezing Urination Eyes Appetite Other

Package I am choosing for my pet:

Premium Package (Standard Room) Extra Attention Package (Standard Room)
TLC Package (Deluxe Run (select below) Pampered Package (Deluxe Run
Select below)

Deluxe Runs; Benji bungalow Clifford Clubhouse Lassie Lounge
Marmaduk's Mansion Pluto's Place Snoopys Suite Wishbone's Wigwam