

Emerald Valley Pet Medical Center



Boarding Check In Form

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 our pet:

Premium Package Extra Attention Package
TLC Package Pampered Package

Employee initials: _____