BOARDING PATIENT RECORD - YOUR FAMILY VETERINARIAN, INC

PATIENT NAME_____ CLIENT NAME_____CHECK IN WEIGHT_____

PHONE 1 (_____) _____-_____ PHONE 2 (____) _____-_____ **TEXT PHOTOS? YES / NO** (CIRCLE TEXT PHONE #)

ALT CONTACT (AUTH TO MAKE DECISIONS/PICK UP): (_____) _____-_____NAME_____

CHECK IN_____ CHECK OUT_____(# NIGHTS_____) SM. DOG RUNS CAT LUX OTHER

PET(S) NAME FROM SAME FAMILY_____PLAY? YES / NO BOARD TOGETHER? YES / NO

FEEDING

__ KENNEL FOOD

OWN FOOD 1:_____ AMOUNT_____ SID (AM / PM) BID TID FREE

OWN FOOD 2:_____ AMOUNT_____ SID (AM / PM) BID TID FREE

OTHER/TREATS/SPECIAL NOTES:_____

MEDICATION

MED NAME:_____ AMOUNT_____ SID (AM / PM) BID TID FOR:_____

MED NAME:_____ AMOUNT_____ SID (AM / PM) BID TID FOR:_____

MED NAME:_____ AMOUNT_____ SID (AM / PM) BID TID FOR:_____

OTHER/ NOTES:_____

GROOM

BOARDING BATH MINI-GROOM FULL GROOM NAIL TRIM ANAL GLANDS

DAY/DATE_____ NOTES_____

ITEMS

LEASH_____ COLLAR_____ BLANKET/BED_____

TOYS_____ OTHER_____

CHECK IN

___UTD ON VACCINES __NEEDS VACCINES ___TECH EXAM ONLY ___NEEDS TECH SERVICES ___NEEDS DVM SERVICES

PARASITE CONTROL ___DONE AT HOME TYPE_____ APPLICATION DATE_____

___ NEEDS PARASITE PREVENTION APPLIED ___ ACTIVYL ___ REVOLUTION FELINE APPLIED BY:_____

(TECH EXAM) FLEAS/TICKS SEEN? Y / N ____NEEDS TICK DIP ___ NEEDS PREVENTIC COLLAR

HISTORY: EATING Y / N DRINKING Y / N VOMITING Y / N DIARRHEA Y / N COUGHING/SNEEZING Y / N SCRATCHING Y / N

CHECK IN CONDITION (TECH EXAM) ___ ALL OK CIRCLE ALL WITH ISSUES: EARS EYES SKIN TEETH OTHER

TECH NOTES (CHECK IN CONDITION)_____ **__ CHARGES ENTERED BY** _____

VACCINES

K9 __DHPPC
__4Lepto
__DAP
__Bordetella
Rabies
__1yr __3yr
__Lymes
__ProHeart
__Flu

FEL __RCCP
__FeLV
__Bordetella
__Rabies 1yr

VITALS (IF SEEING DVM OR VACCINATING): TEMP HR MM/CRT

LAB & DEWORM

Fecal _____
HW _____
4DX _____
FeLV _____
Other
_____
_____
_____
_____

Deworming
_____
_____
_____

Medical Hx Notes cont… Patient Name Last Name Date

BOARDING RELEASE (Please initial each item and sign at the bottom)

____ I understand that YOUR FAMILY VETERINARIAN, INC requires flea & tick prevention applied to every boarding pet (excluding exotic pets). I understand this is in an effort to prevent flea & tick transmission between pets and/or infestation of the building.

____I understand that because flea/tick products are not 100% effective, it is possible for any pet to acquire fleas/ticks from other boarding pets even if all pets have preventatives applied. (FLEA TICK PREVENTION MUST BE APPLIED WITHIN 10 DAYS OF CHECK IN)

____ I understand that a boarding bath is required when a pet has been boarding more than 5 nights at this facility. (excludes cats/exotics)

____ I understand YOUR FAMILY VETERINARIAN, INC is not responsible for damage done to personal items by the boarding pet.

____ I understand that if the bed/blanket provided at check in is larger than the YOUR FAMILY VETERINARIAN,INC washer capacity, the items will go home unwashed.

____ I understand that a boarding environment for some pets may cause them to change (increase or decrease) their eating habits while they adapt to the new environment. Minor weight gain/loss is not abnormal.

____ In the event of a life threatening situation, YOUR FAMILY VETERINARIAN, INC will make every effort to get a hold of the pet owner using the phone numbers provided. YOUR FAMILY VETERINARIAN, INC will perform whatever services necessary to stabilize the pet. The pet owner will be financially responsible for these services.

____ In case of DIARRHEA, I understand that YOUR FAMILY VETERINARIAN, INC must determine if the cause is pet specific, or if the cause if something that needs to be isolated from other pets. If DIARHEA (liquid, w/ or w/o blood, mucous, black) persists the pet will require and EXAM, FECAL TESTING (Cytology, Direct, Float) and MEDICATION. The pet owner is financially responsible.

At YOUR FAMILY VETERINARIAN, INC every effort is made to provide a safe and clean boarding environment for every pet that stays at our facility. We rely on the input of the pet's owner to know what the pet's normal routine is, and to help that pet adapt to the boarding facility as comfortably as possible.

If you have a pet with special medical needs, we rely on the pet owner for very specific instructions and a detailed history so that we can best care for your special needs pet.

Pet Owner_____Staff Witness_____Date_____

____ Frequent Boarder—Last Signed On_____ (Must Resign Every 6 Months)