

Boarding Release Form

Client Name:

Patient Name:

Please fill out this questionnaire to help us give the best care for your beloved pet.

Reservation Dates: _____ ***to*** _____

Cautions/ Alerts:	
Has your pet experienced any illnesses or problems in the past 30 days?	
When did the problem(s) start?	
Has a similar problem happen in the past?	
Are any medications being administered?	
What is the pet's current diet and feeding schedule? Does your pet require a special diet, can they have treats?	
Any appetite changes (recently or in the past?)	
Has your pet been vaccinated recently?	
Any weight loss?	
Any increase or decrease in water consumption?	
Any change or history of abnormal bowel movements in the past?	
Any diarrhea, vomiting, coughing/ sneezing?	
Any exposure to toxins?	
Has your pet ever bitten or attacked another animal or person?	
Any food aggression?	
Does your pet have a microchip?	
Any behavioral issues or changes?	
Any other medical history?	
What heartworm prevention is your pet on: _____ What flea prevention is your pet on: _____	
Additional notes that would help aid in the care of your pet: _____ _____	

Would you like your pet bathed while boarding? YES NO

Pet's Belongings:
