



We are not a boarding facility. We only allow medical boarding for our current clients for medical conditions and they must be up to date on vaccines and preventatives.

Boarding check-in sheet

Pets name: _____

Clients Name: _____

Boarding Check-in Date: _____

Boarding Check-out Date: _____

Vaccines

All pets must be up to date with required vaccines. If your pet is not up to date with one of the required vaccinations we will administer the vaccine on day 1 of boarding and the cost will be added to your bill

If you would like any of your pets vaccines updated indicate below:

Canine:

Rabies Distemper Leptospirosis Lyme Bordetella Influenza

Feline:

Rabies Distemper Feline leukemia

Parasite testing

All pets must have had a negative fecal test within the last 6 months. If your pet has not had a fecal parasite test performed in the past 6 months we will run on your pet day 1 of boarding. The cost will be added to your bill

Other testing

- FeLV/FIV (feline only): we require to know the feline leukemia virus and feline immunodeficiency virus of your cat at the time of boarding. If the status is unknown we will run a FeLV/FIV blood test upon admission

My cats status is negative My cats status is positive Status is unknown

If you would like us to do any additional testing on your pet whilst he/she is here please indicate below (such as 4DX test, T4 level, glucose curve, routine yearly bloodwork, urinalysis, etc:

- _____
- _____
- _____
- _____

Fleas and ticks

All pets boarding at Spirit of 76th Veterinary Clinic must be current on flea/tick preventatives. If your pet is not current we will start them on a preventative day 1 of boarding. If your pet has fleas we will begin treatment for these on day 1 of boarding. The cost of this will be added to your bill.

My pet is current on flea/tick preventatives

Not current, please administer

Feeding

Please bring your own pets food

Please fill in the following information:

- Name of food regularly given: _____
- Feeding schedule: _____

Medications/supplement

Please bring your own medications and supplements

Please fill in the following information:

<u>Medication name, mg or ml</u>	<u>Time(s) given</u>	<u>Date and time last received</u>

Blankets (if brought in)

Please state number of blankets and any distinctive colors/pattern below:

Any additional information

Contact information

In the case of an unexpected emergency do you give Spirit of 76th Veterinary Clinic permission to perform any treatments/procedures that we deem medically necessary? _____

Primary phone number: _____

Secondary phone number: _____ (has authority to make medical decisions)

Email (last resort): _____

Client signature _____

Date _____