

**BOARDING FORM**

**PIEDMONT VETERINARY CLINIC**

*Please fill out this form in its entirety so we can better care for your pet.*

Pet's Name \_\_\_\_\_

Client Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

**Admission Date:** \_\_\_\_\_

**Discharge Date:** \_\_\_\_\_

**MEDICAL CONCERNS**

Is your pet scheduled for any procedures while boarding? Yes\_\_\_ No\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you noticed any problems with your pet that we need to be aware of: Yes \_\_\_ No \_\_\_  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

How long has this been going on: \_\_\_\_\_  
Do you authorize a Dr. to evaluate: Yes \_\_\_ No \_\_\_

Any Known Allergies: Yes \_\_\_ No \_\_\_  
If yes: \_\_\_\_\_

Flea/Tick Prevention: Yes \_\_\_ No \_\_\_  
Brand and last given: \_\_\_\_\_  
Heartworm Prevention: Yes \_\_\_ No \_\_\_  
Brand and last given: \_\_\_\_\_

**BEHAVIORAL CONCERNS**

Have you noticed your pet having any aggression/anxiety towards:  
Women: Yes \_\_\_ No \_\_\_  
Men: Yes \_\_\_ No \_\_\_  
Strangers: Yes \_\_\_ No \_\_\_  
Other Dogs: Yes \_\_\_ No \_\_\_  
Thunderstorms: Yes \_\_\_ No \_\_\_  
Food Aggression: Yes\_\_\_ No \_\_\_

Is pet housebroken: Yes \_\_\_ No \_\_\_

**If Boarding more than one Dog/Cat:**  
Pets housed together: Yes \_\_\_ No \_\_\_  
Pets fed separately: Yes \_\_\_ No \_\_\_

*\*If evidence of fleas or ticks is noticed, we will administer or apply flea/tick treatment during your pet's stay\**

Do authorize medical treatment if a problem is noticed while your pet is boarding with us?  
Yes \_\_\_ No \_\_\_

Would you like us to contact you when problem is noticed? Yes\_\_\_ No \_\_\_

***\*In the event of a serious medical condition, if we are unable to reach you, your pet will be treated at the Doctor's discretion until reached.\****

Is your pet on any medications? Yes \_\_\_ No \_\_\_

**Please list ALL medications:**

1. Drug Name\_\_\_\_\_ Dosage\_\_\_\_\_ Last dose given\_\_\_\_\_
2. Drug Name\_\_\_\_\_ Dosage\_\_\_\_\_ Last dose given\_\_\_\_\_
3. Drug Name\_\_\_\_\_ Dosage\_\_\_\_\_ Last dose given\_\_\_\_\_
4. Drug Name\_\_\_\_\_ Dosage\_\_\_\_\_ Last dose given\_\_\_\_\_
5. Drug Name\_\_\_\_\_ Dosage\_\_\_\_\_ Last dose given\_\_\_\_\_

**BOARDING FORM**

**PIEDMONT VETERINARY CLINIC**

*Please fill out this form in its entirety so we can better care for your pet.*

What brand of food do you feed? \_\_\_\_\_ Wet/Dry/Both? \_\_\_\_\_

Did you bring your pet's food? Yes \_\_\_ No \_\_\_

How many times a day do you feed your pet: \_\_\_ X per day Amount: \_\_\_\_\_

If your pet should run out of your food, can we feed our clinic food or is your pet on a prescription diet? Yes \_\_\_ No \_\_\_

Please list ALL items you are leaving with your pet

Leash: Yes \_\_\_ No \_\_\_ Collar: Yes \_\_\_ No \_\_\_ Harness: Yes \_\_\_ No \_\_\_

Please list and describe all other items:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*i.e. If you are leaving a blanket/towel, please describe color; if you are leaving toys, please describe\**

Does your dog eat or chew on his bedding at home? Yes \_\_\_ No \_\_\_

*\*We reserve the right to withhold bedding and toys for your pet's safety if we feel there's any risk of a G.I. block from the items*

If boarding for **7 days**, or longer, we offer complimentary baths.

**\*Please note, it must be an afternoon pick-up to receive a complimentary bath\***

Do you request a complimentary bath **IF** boarding 7 days or longer: Yes \_\_\_ No \_\_\_

Please list any additional concerns/instructions we need to know to care for your pet:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_