

CONNECTICUT VETERINARY CENTER

BOARDING FORM

CLIENT'S NAME:

FILE# :

PHONE #:

ALTERNATE PHONE #:

PET'S NAME:

ADMIT DATE:

DISCHARGE DATE:

HEALTH CHECK-UP AND EXAM FOR YOUR PET

PLEASE ANSWER THE QUESTIONS BELOW. THIS INFORMATION WILL ALLOW OUR DOCTORS TO THOROUGHLY EVALUATE YOUR PET'S HEALTH STATUS. THANK YOU.

CIRCLE CORRECT RESPONSE:

Is your pet currently coughing? Y/N

If yes, how frequently

Is the cough dry or moist?

Does he/she cough up anything? Explain.

Is your pet currently sneezing? Y/N

If yes, how frequently?

Is there any discharge from the eyes or nose?

Does your pet have episodes of vomiting? Y/N

If yes, how frequently?

Is the vomit fluid or food?

Is there any blood or bile noted?

Does your pet have episodes of diarrhea? Y/N

If yes, how frequently?

Are the stools soft or liquid?

Is there any blood or mucous?

Is the stool brown in color?

Does your pet have a history of diarrhea when boarded?

Does your pet have problems urinating or defecating?

If yes, explain,

Is your pet eating abnormally? Y/N

If yes, explain,

Is your pet on any prescription medications? Y/N

If yes,

Medication:

Dosage:

Medication:

Dosage:

Medication:

Dosage:

Were the above medications given to your pet today? Y/N

Does your pet have additional abnormalities? Y/N

Is your pet on any special diet? Y/N

Describe:

Vaccinations and Procedure Requested

- | Canine | Feline |
|--|--|
| <input type="checkbox"/> Distemper/Parvo Vaccine | <input type="checkbox"/> Distemper Vaccine |
| <input type="checkbox"/> Corona Vaccine | <input type="checkbox"/> Feline Leukemia Vaccine |
| <input type="checkbox"/> Bordetella Vaccine | <input type="checkbox"/> Rabies Vaccine |
| <input type="checkbox"/> Rabies Vaccine | <input type="checkbox"/> Feline Leukemia Test |
| <input type="checkbox"/> Heartworm Test | <input type="checkbox"/> Feline AIDS Test |
| <input type="checkbox"/> Fecal Exam | <input type="checkbox"/> Fecal Exam |
| <input type="checkbox"/> Leptospirosis | |

AT WHAT TIME WAS YOUR PETS LAST FEEDING _____AM / PM

Comments

PLEASE NOTE: If your pet requires immediate medical attention and/or surgery during its stay with us, we will provide that attention. Any diagnostic tests, treatment, surgery administered during your pet's stay will be at the owner's expense. We will attempt to contact you at the contact numbers you have provided.

Initials

NO personal items: Please be advised that we do not recommend that personal items be left with your pet while boarding or being hospitalized. Connecticut Veterinary Center will not be responsible for lost or damaged items.

Initial

If the pet is to be picked up by someone other than the owner, we must be notified and payment arrangements prior to dropping the animal off. All pets not picked up within 7 days after the expected date of pickup will be consider abandoned. The hospital is given authorization to dispose of the pet (s) as they deem best, including euthanasia.