Crater Animal Clinic

Boarding Admission Form

Owner Name _____ Pet Name _____

Home Phone # _____ Breed _____

Emergency Phone # _____ Description _____

Admission Date _____ Time _____ Weight _____ Age _____

Discharge Date _____ Time _____ Sex _____ Neutered/Spayed _____

Special Medical or Behavioral Conditions _____

Medications _____

Food Amount/Frequency _____

Items Left with Pet _____

Assigned Cubicle

On Flea/Tick Preventative? _____ If yes, Last given _____

**If animal is not currently on flea/tick control, a single dose will need to be applied at time of drop off to help us maintain a flea/tick free environment and keep your pet healthy and happy!*

In case of emergency, we reserve the right to treat your pet at our discretion should we be unable to contact you. A deposit may be required for reservations during highly requested times. We are not responsible for items left with your pet!

Owners Signature _____ **Date** _____

****Boarding use only****

Pet Evaluation

		Normal	Abnormal	Comments
1	Attitude			
2	General Appearance			
3	Mouth and Teeth			
4	Ears/Eyes			
5	Nose			
		1st day	Last day	
6	Weight			

Date →	am	12	pm	am	12	pm	am	12	pm	am	12	pm	am	12	pm	am	12	pm	am	12	pm	am	12	pm
Food																								
Water																								
Bowel Movement																								
Urine																								
Play																								
Medications Y / N																								