

Crater Animal Clinic

Boarding Admission Form

Owner Name _____

Pet Name _____

Phone # _____

Breed _____

Emergency Contact _____

Description _____

Arrival Date: _____

Weight _____ Age _____

Discharge date: _____

Sex: M / F Neutered/Spayed: Yes / No

Care and Feeding

Special Medical or Behavioral Conditions: Yes / No _____

Medications: Yes / No _____

Feeding instructions: (Please list type of food, amounts, feeding times and any special instructions)

Items left with Pet: _____

Please check all that apply:

Pet has been fed today: Morning Noon Evening

Pet has been medicated today: Morning Noon Evening

Please check one that best applies:

If boarding multiple pets: Always together Together except mealtimes

Playtime together Keep completely separated

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

On Flea/Tick Preventative? Yes / No If yes, last given: _____ Brand: _____

If no: Product given _____ Date given _____ Staff: _____

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 _____

Crater Animal Clinic

****Boarding use only****

Pet Evaluation

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

Checked in by: _____

Checked out by: _____

Additional Notes:



Description of belongings:




