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*"The technology to treat, the heart to heal"*

### Boarding Admission Form

Owner Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Breed: \_\_\_\_\_

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

Description: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Weight: \_\_\_\_\_ Age: \_\_\_\_\_

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

Sex: M  / F  Spayed/Neutered: 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 all that apply:***

If boarding multiple animals: Always together  Together, except mealtimes

Playtime together  Keep completely separated

***\*If your animal is not currently on flea/tick control, a single (1 month) 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, date last given: \_\_\_\_\_ Brand: \_\_\_\_\_

If no, product given by staff: \_\_\_\_\_ Date Given: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_