

665 E Vilas Road
Central Point, OR 97502
Phone: (541) 779-0951
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www.crateranimalclinic.com



Eric Keiser, DVM
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Whitney Madigan, DVM
Jamie Inglis, DVM
Julie Bernier, DVM
David Smith, DVM
Macy Wilson, DVM

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: _____

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Owner Signature: _____

Date: _____

*****BOARDING USE ONLY*****

	Normal	Abnormal	Comments
Attitude			
General Appearance			
Mouth/Teeth			
Eyes/Ears			
Nose			
Weight;	First Day: _____	Last Day: _____	

Checked in by: _____

Checked out by: _____

Additional Notes:

Description of Belongings:
