

Pet Name: _____ **Owners last Name:** _____

Date in: _____ **Date Out:** _____ **Client ID(CVH staff):** _____

Boarders Check List

- Is your pet current on vaccines? _____ If not performed at Cedar Vet Hospital, please provide proof.
- Is your pet on a specific diet? _____
- Did you bring a specific food with your pet? **Please describe which food you brought** _____
- How much do you feed at a time and many times a day do you feed?

- Did you bring any toys? **Describe what color and kind. Are they labeled with your pet's name?*** _____

- Did you bring any blankets and/or bedding with your pet? **Describe color; are they labeled with your pet's name?*** _____

- Did you bring any food and/or water bowls? **Describe what color. Are they labeled with your pet's name? _____

- Is your pet on medication? _____
 - If yes, please list all medications _____

 - Describe how medications are given. _____

- Are there any pre-cautions about your pet that we need to be aware of? _____
- Is our pet friendly or aggressive with other animals? _____

Emergency Contact On Next Page

Please list any emergency contact persons and numbers

If there are any issues with your pet(s) during his/her (their) stay at Cedar Vet Hospital, who would we need to contact for discussing/approving treatment plans for your pet(s) in the event we are unable to get in contact with you?

1. _____
2. _____
3. _____