

# Charlotte Street Animal Hospital Boarding Information

Date: \_\_\_\_\_ Pet Name \_\_\_\_\_ Please circle: Feline / Canine

Client Name \_\_\_\_\_ Client Signature \_\_\_\_\_

Contact numbers 1. \_\_\_\_\_ 2. \_\_\_\_\_

Whom may we contact, if needed, which you are away? Best method below (circle):

PHONE \_\_\_\_\_ TEXT \_\_\_\_\_ EMAIL \_\_\_\_\_

*We require all boarding patients to be current on rabies vaccine and wellness exam within the past year.*

**Date of last rabies vaccine** \_\_\_\_/\_\_\_\_/\_\_\_\_ **1YR / 3YR** **Given at CSAH / Other** **Current / Due / None on file**

**Date of last wellness exam** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date of last canine bordetella vaccine** \_\_\_\_/\_\_\_\_/\_\_\_\_

*We want to take the best possible care of your companion during their visit. The following information helps ensure that your pet's stay is happy and relaxed. Some pets like exercise and we will play with them as often as possible; other guests are shy and prefer a cozy space to "den." Please let us know your pet's preferences!*

## **Meals**

*Our boarding fee includes quality meal options of non-rx moist or kibble food but we understand the importance of keeping pets dietary routines consistent to help avoid potential tummy upset. You are welcome to provide food.*

Did you bring meals? Yes / No Feeding instructions: \_\_\_\_\_

## **Medication**

*Is your pet on any medications that should be given during their visit? Yes / No*

Medication: \_\_\_\_\_ Instructions: \_\_\_\_\_ Last given: \_\_\_\_\_

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## **Health**

*We will carefully monitor and record your pet's levels of eating, drinking, and elimination.*

Have you noticed any change in the following aspects of your pet's daily routine?

Appetite increase / decrease?  Water increase / decrease?  Activity increase / decrease?  Vomiting / Diarrhea?

If so, please explain: \_\_\_\_\_

Are there any additional issues, concerns, or preferences you would like to discuss concerning your pet's visit with us?

If so, please explain: \_\_\_\_\_

I understand that, should our staff notice symptoms of illness, our doctors will perform an exam (fee applies).

Client initials: \_\_\_\_\_

## **Additional Information**

*All patients must be flea-free during their stay with us. Should we find any evidence of fleas, we will administer a safe, effective treatment.*

If your pet feels comfortable sharing a kennel with their sibling, we will provide a 50% "roommates" discount.

Should a concern arise and we feel pets should separate to ensure a peaceful experience, then regular fees apply.

If you brought any personal items from home (toys, blanket, etc), please list: \_\_\_\_\_