

# Colonial Veterinary Hospital

## BOARDING ADMISSION

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

Patient: \_\_\_\_\_

Address: \_\_\_\_\_

Sharing a run ?      YES   OR   NO

Primary Veterinarian: \_\_\_\_\_

Is your pet due for or do you want a physical exam, vaccinations, labwork, or any other services performed during this stay?

Yes or No

If yes please describe services requested or concerns :

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**PICK UP DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

MEDICAL RECORDS	
Rabies Vacc Exp:	_____
DHPP/FVRCP Exp:	_____
Bordetella Exp:	_____
Last Negative Fecal:	_____

**FEEDING :**      Canned/ \_\_\_\_\_ **Owner Supplied? Y / N**  
 Dry \_\_\_\_\_  
 Quantity: \_\_\_\_\_  
 Time of Day: \_\_\_\_\_

**SUPPLEMENTS/**      (Description, dosage, when last given?)      **Owner Supplied? Y / N**  
MEDS \_\_\_\_\_  
 \_\_\_\_\_

**Best phone number(s) to be reached:** \_\_\_\_\_  
 \_\_\_\_\_

**Authorization to treat for emergency situations or illness.** (YES - NO ) \_\_\_\_\_

<b>Emergency contact if Owner not available:</b>	
<b>OK to release pet to them?</b> (yes / no)	_____ (name and phone #)

Items dropped off: (list all)	
	carrier (w/ name on it)
	food
	meds/supplements
	toys
	blankets
	bed
	leash and collar

**COMMENTS / OTHER:**

**NOTE:** Colonial Veterinary Hospital gives a courtesy bath to all dogs who board overnight (please initial) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Tech Initials: \_\_\_\_\_