## **Boarding Information Sheet**

## \*\* Please Complete & Return at Time of Admission \*\*

| Pet's Name: Dog / Cat Breed:                                       |   |
|--|---|
| Owner's Name:  |   |
| Phone Numbers: ()  |   |
| Emergency Contact Name:  | Phone: ()   |
| Others authorized to pick up in yo                                 | our absence:  |
| ONLINE MONITORING OF Y   | YOUR COMPANION IS AVAILABLE. A camera in your companion's kennel                      |
|  | ay or night, by you. There is an additional fee for this service and only certain     |
|  | ease let us know when you book your stay if you desire this service. Yes / No         |
|  | boarding would you like to board them together or separately                          |
|  | cats only) <u>Dogs 55 lbs or more, cannot be kenneled together</u>                    |
| General Pet Health Question  | ons: No Change in Health From Last Stay <mark>: Initials:</mark>                      |
| 1.Has your pet been diagnosed w                                    | vith any medical conditions, or disorders? Yes / No If yes, please list:              |
| 2.Does your pet have any allergie                                  | es or sensitivities to anything? Yes / No If yes, please list:                        |
| 3.To the best of your knowledge, Yes / No If yes, please describe: | , does your pet have any food, treat, or toy aggression with people or other animals? |
| 4.Does your pet have any special                                   | l needs? Yes / No If yes, please describe:  |
| 5.Is your pet prone to any recurre                                 | ent problems? Yes / No If yes, please list:   |
| Dietary Requirements: No   | Change in Diet From Last Stay: Initials:  |
| **Changing an animal's diet sude                                   | denly can lead to stomach upset and other GI issues, which is why we ask that you     |
| bring your pet's own food so that                                  | t we can help reduce those risks. Please make sure that you bring enough food for     |
|  | th us plus a few extra days worth (to be safe). Also, please only bring food and      |
| treats that your pet is already fam                                | niliar with rather than introducing any new or "special" foods.                       |
| Name of Diet:  | Dry / Canned / Both (Circle)  |
|  | Frequency:  |
| Special Feeding Instructions:                                      |   |
| Please initial one of the foll                                     |   |
|  | npletes a Boarding Authorization Form (BAF) and it is on file at WVH. No              |
| pertinent information has chan                                     |   |
| I am completing a BAF  |   |
|  | d for our canine guests to enjoy that is enclosed with a 6 foot high wooden privacy   |
| fence. Please understand that "c                                   | off leash" access to our yard will still be under the supervision of one of our staff |

members, and is permitted at our discretion for the safety and wellbeing of our guests. Please initial your preference below:

|   | ttended "off leash" access to the yard. I understand that by ever small). I also ensure, to the best of my knowledge, my pet |
|---|--|
| loes not dig under, climb, or jump over fences.     | ,  |
| Medications: No Change in Medication F              | rom Last Stay: Initials:   |
| S   | Dose:  |
| How often do you give the medication?               | Time of Day  |
| Vas it administered on day of admitting?            | If yes, what time was it given?  |
| Name of Medication:                                 | Dose:  |
| How often do you give the medication?               | Time of Day  |
|   | If yes, what time was it given?  |
| Name of Medication:                                 | Dose:  |
| How often do you give the medication?               | Time of Day  If yes, what time was it given?   |
| Vas it administered on day of admitting?            | If yes, what time was it given?  |
| Belongings Brought with Pet: Please label           |  |
|   | peds for your companion, WVH cannot be held responsible if they  |
|   | toys for your pet to enjoy while they are staying with us. Please  |
|   | any items destroyed or lost while in our care. Items brought   |
| please provide descriptions): Treats:               |  |
|   | r:   |
| Coys: (description)                                 |  |
| Carrier :   |  |
|   |  |
|   | ase explain:)  |
|   | , any dog under 25 lbs, will be charged the large dog price for  |
| ooarding in a run instead of a kennel.              |  |
| Additional Services: (Please circle all that you wo | ould like performed)   |
| Pedicure (NC)                                       |  |
|   | the care of your companion during your absence. To ensure  |
|   | ts staying at our facility we have set the following guidelines:   |
| . We are only able to accept Canine and Feline gu   |  |
|   | ions for Rabies, Distemper, Parainfluenza, Parvovirus &  |
| Bordetella (Bordetella given at least 1week prior   | O/   |
|   | , Rhinotracheitis, Calici, Chlamydia Psittaci, Leukemia &  |
| Panleukopenia.                                      |  |
| All guests must have had a negative fecal test do   | one within 6 months (for dogs) or 12 months (for cats) of being  |
| boarded.  |  |
|   | , fleas, and flea dirt or we will treat accordingly at the owner's   |
| expense.  |  |
|   |  |
|   |  |
|   |  |
| ignature  |  |