

Blue Ridge Plaza Animal Clinic

Boarding Admission Form

Owner Name: _____ Pet Name: _____

Check In Date: _____ Check Out Date: _____

Emergency Contact Number: (____) _____

Items Brought With Pet: Collar Leash Bedding/Blanket Carrier Dishes Toys
 Own Food Treats Other: _____

Feeding Instructions: Once a day Twice a day Other: _____

Medications: Yes No - if yes, please give instructions:

Is your Cat/Dog Treated with Flea Prevention: Yes No Last treatment Date: _____ Brand: _____

**We are a flea and tick free environment, if there are any spotted on your animal we will have to treat him/her at your expense.*

Is your Cat/Dog on Heartworm Medication: Yes No

If no, would you like us to do a Heartworm test on your pet? Yes No

Please Perform the Following while my Pet is Boarding: (Extra Fees Apply)

Examination Vaccines Bloodwork Surgery/Dental Grooming Services Nail Trimming

Please specify what you are wanting done/looked at:

Additional Notes/Comments:

(For Clinic Use Only)

Admitting Staff Initials: _____ Weight of animal at admittance: _____

Proof of Vaccination History Received/ Verified: Yes No

Releasing Staff Initials: _____ Weight of animal at discharge: _____