

PET BOARDING INSTRUCTIONS

PET INFORMATION

Pet name _____

Breed _____ Color _____

Sex _____ Weight _____ Microchip # _____

OWNER INFORMATION

Your name _____

Your address _____

Your phone # _____ Email address _____

Alternate phone # 1 _____ Alternate phone # 2 _____

FOOD AND MEDICATIONS

Type of food _____ ☐ Wet ☐ Dry Amount _____ Frequency _____

Name of medication _____ Instructions _____

Name of medication _____ Instructions _____

MEDICAL INFORMATION

Veterinarian name _____ Veterinarian phone # _____

Date of last rabies vaccine _____ Rabies certificate # _____

Date of last bordetella vaccine _____ Date of last distemper/parvo vaccine _____

Date of last Heartworm test and result (dogs) _____

Date of last FeLV/FIV test and result (cats) _____

Current medical conditions _____

Behavior concerns _____



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE
CONTROL AND PREVENTION