

Bayridge Veterinary Hospital

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BOARDING ADMISSION FORM

Owner: _____ Patient: _____ Breed: _____
 Sex: _____ Age: _____ Color and Markings: _____

Pet History:		<u>Cats</u>		<u>Dogs</u>	
Vaccine History:	<u>Current</u>		<u>Update Today</u>	<u>Current</u>	<u>Update Today</u>
History:	<input type="checkbox"/>	Distemper	<input type="checkbox"/>	<input type="checkbox"/>	Distemper
	<input type="checkbox"/>	Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Bordetella
	<input type="checkbox"/>	Rabies	<input type="checkbox"/>	<input type="checkbox"/>	Rabies

Is your pet on heartworm preventive? _____

Has your pet been checked for intestinal parasites in the last 12 months? _____

Any coughing, sneezing, vomiting, or diarrhea? _____

Is your pet allergic to any drugs? What? _____

Has your pet had any illness or injury in the past 30 days? _____

Is your pet on any medication? What? _____

Current Diet: _____

Special Feeding Instructions: _____

ALL PETS ARE TREATED AT ADMISSION WITH CAPSTAR (AN ORAL FLEA CONTROL)

Pick Up Date: _____ AM PM

OPTIONAL SERVICES AVAILABLE AT ADDITIONAL CHARGE:

Dismissal Bath	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Medication Administration	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

(There is an additional charge for daily medication administration.)

MEDICAL SERVICES REQUESTED AT ADDITIONAL CHARGE:

Physical Exam Specific Problem: _____

Fecal Exam Heartworm Test Update Vaccinations As Above

Dental Propyhy Other: _____

Does your dog get along with and / or play well with other dogs? YES NO or Let out alone