CVMH Boarding Questionnaire

Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arrival Date: \_\_\_\_/\_\_\_\_\_ Departure Date: \_\_\_\_/\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_)

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dogs: Please circle one

I **GIVE / DO NOT GIVE** permission for my dog to interact with other dogs.

Is your pet currently coughing AND/OR sneezing: **YES NO**

If a cough develops, I **GIVE** permission to treat: \_\_\_\_\_\_ **Initial**

I understand my pet must be picked up or charged extra for ISOLATION (if room): \_\_\_\_\_\_ **Initial**

Meals*:*\*\*Wet food will be charged per can\*\* (Canine $4.09 Feline $2.75)

House \_\_\_\_\_ Owner brought \_\_\_\_\_\_ Wet\_\_\_\_\_\_ Dry\_\_\_\_\_\_ Amount/Cups per feeding? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many times a day? (Circle all that apply) **BREAKFAST LUNCH DINNER**

Any special instructions:

Has your fur baby already eaten today? If yes, please circle one: **Breakfast** / **Dinner.**

Medications: (If any)

#1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inst.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Times per day: \_\_\_\_\_\_\_\_ Given Today? Yes \_\_\_ No \_\_\_

#2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inst.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Times per day: \_\_\_\_\_\_\_\_ Given Today? Yes \_\_\_ No \_\_\_

#3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inst.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Times per day: \_\_\_\_\_\_\_\_ Given Today? Yes \_\_\_ No \_\_\_

Time last medication given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What belongings did you bring from home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If he/she has not eaten their meal, may we entice them with wet food and if that doesn’t work may we give Entyce (appetite stimulant)? **Yes \_\_\_\_\_ No \_\_\_\_\_\_\_**

If he/she becomes anxious, may we give medication to calm them? **Yes \_\_\_\_ No \_\_\_\_**

**(Exam by our vet must be current)**

Grooming:(Please check all that apply)

**Shampoo:** Medicated **$8** (if using house) \_\_\_\_\_\_ Oatmeal \_\_\_\_\_\_\_ Regular \_\_\_\_\_\_\_\_ De-Shed \_\_\_\_\_\_\_

**Included:** Nail trim \_\_\_\_\_ EAG \_\_\_\_\_\_ Ear Cleaning \_\_\_\_\_ Perfume **\_\_\_\_\_\_\_\_** Bandana **\_\_\_\_\_\_\_\_**

Extra Charge: (Circle all that apply)

Mat Removal ($18-$35) Brush Out ($18) Paw Pad Shave ($15) Sani Trim ($17) Ear Pluck ($20)

Is your pet on any HW/Flea/Tick Prevention?: Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refills Needed:Heartgard/Simparica Trio/Nexgard Plus: #\_\_\_\_\_\_\_\_\_\_ Bravecto: #\_\_\_\_\_\_\_\_\_\_\_

Revolution: ­­­­#\_\_\_\_\_\_\_\_\_\_\_ Other Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_