



ANIMAL CLINIC EAST

1640 E Isaacs Ave ♦ Walla Walla Wa 99362 ♦ 509.522.0763



BOARDING FORM

Please fill out to the best of your knowledge:

Date: _____

Owner's name: _____

Pet(s) name(s): _____

What is the start and end date that your pet will be boarding?

Start: _____ End: _____

Emergency Contact Information

Name: _____ Phone: _____

Name: _____ Phone: _____

If your pet is not up to date on vaccinations, we will vaccinate your pet while boarding here to prevent the spread of preventable diseases. (Please initial) _____

Is your pet on flea treatment? Yes / No

If yes, what type and the last date dose was given? _____

If no, and my pet is found to have a transmissible condition (eg. Fleas, ticks or ear mites) we will treat your pet appropriately at your expense. (Please initial) _____

Is your pet on **medication** Yes*/ No *There will be an additional fee for Meds Administered

Medication	How Often	Last Given AM/PM

Feeding Instructions

Did you bring your pet's own food? Yes / No

How often does you pet eat? Circle one: once daily twice daily free feed

What type of food does your pet eat? Circle one: canned dry both

How much of each food do you feed your pet per meal/per day?

Belongings: Please list any items you brought for your pet. (ie: toys, beds, blankets, bones etc.)

Any additional questions or comments?

Signature: _____