



**ANIMAL CLINIC EAST**  
 1640 E Isaacs Avenue ♦ Walla Walla ♦ WA ♦ 99362



**BOARDING FORM**

**Owner Name:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Email Reminders:** Y / N (*circle one*)

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 your 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:** \_\_\_\_\_

Board Check  \_\_\_\_\_ (initials)