

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

**BOARDING FORM**

**Appointment Date** \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**Email Reminders:**     Y     N

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

Dog  Cat  Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Spayed  Neutered  Intact

Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Microchip#: \_\_\_\_\_

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 becomes ill or injured during her stay at ACE, I acknowledge the attending doctor will treat at their discretion until I can be reached for further consent (Please initial) \_\_\_\_\_**

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(s):

How Often:

Last Given: AM / PM

**Feeding Instructions:**

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

How often does your pet eat?  once daily  twice daily  free feed

What type of food does your pet eat?  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.)

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