



Boarding Medical History Form

Has your animal had any previous vaccine reactions? Yes ___ No ___
Is your pet exposed to hoof stock, wildlife, standing water, wooded areas, ticks? Yes ___ No ___
Does your pet suffer from any diseases?
Does your pet board, go to a groomer, or frequent dog parks? Yes ___ No ___
Does your pet travel to the Northeast United States? Yes ___ No ___
Is your pet currently on any medications/supplements/or OTC drugs? Please list _____
What diet is your pet currently eating at home? _____
Is your pet microchipped? Yes ___ No ___
Is your pet currently on heartworm/flea and tick prevention? Please list _____

Please list any additional concerns that you would like the Dr. or boarding staff to be aware of _____

Has you pet had any of the following -

Coughing or Sneezing? Yes ___ No ___
Vomiting or diarrhea? Yes ___ No ___
If you answered yes to any questions above please provide further details _____

Is your pet eating and drinking normally? Yes ___ No ___
Has your pet had normal urine and bowel movements? Yes ___ No ___

Boarding Information:

What package would you like your to have during his/her stay? _____

Meds while boarding? _____

Please provide feeding instructions for your pet during his/her stay: _____

Please list belongs that will be left with your pet: _____
