

# COATS VETERINARY HOSPITAL, P.A.

## BOARDING INFORMATION SHEET

CLIENT'S NAME: \_\_\_\_\_  
PET'S NAME: \_\_\_\_\_ SPECIES: \_\_\_\_\_ BREED: \_\_\_\_\_  
BOARDING DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

To protect your pet and other people's pets in our facility, we require the following vaccinations:

**CATS**  
FVRCP, RABIES

**DOGS**  
DHAPP, BORDETELLA (KENNEL COUGH), RABIES

### BOARDING RATES INCLUDE:

INSPECTION BY VETERINARY TECHNICIAN UPON ADMITTANCE      EXERCISE 3 TIMES A DAY IN OUR ENCLOSED YARD  
ONCE A DAY FEEDING OF HILL'S SCIENCE DIET DRY FOOD      DAILY CLEANING/DISINFECTING OF CAGES/RUNS  
(Additional boarding services are available at additional cost.)

Please leave a number where you can be reached in case of an emergency: \_\_\_\_\_  
Emergency contact and phone number: \_\_\_\_\_

If you cannot be reached, do we have your authorization to make any decisions in your pet's best interest?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (Please initial one.)

If your pet is currently on any medication that you wish us to administer, please list those below:

	Med. #1	Med. #2	Med. #3
Name of Drug/Medication	_____	_____	_____
Amount/Dose (Be specific)	_____	_____	_____
Number of times given per day	_____	_____	_____

(This service is available at a higher boarding rate for any pet.)

List each item left with your pet: \_\_\_\_\_

Did you bring your own food? \_\_\_\_\_ (Please note, any sudden change in diet can cause diarrhea or intestinal upset.)

Please list type (dry or canned) and brand: \_\_\_\_\_

Feeding instructions: Free feed \_\_\_\_\_ Feed a.m. only \_\_\_\_\_ Feed p.m. only \_\_\_\_\_ Feed a.m. & p.m. \_\_\_\_\_

Other comments: \_\_\_\_\_

If you would like any additional services performed at the time of boarding please check them off or list below:

_____ FVRCP	_____ DHAPP	_____ Bath/Dip _____ (Type)
_____ Feline Leuk. Test	_____ Heartworm Test	_____ Nail Trim
_____ Fel. Leuk. Vacc.	_____ Bordetella Vacc.	_____ Other: _____
_____ FIV Test	_____ Rabies	_____
_____ Fecal	_____ Refill HW Prev.	_____

(If selected, these services will be charged in addition to regular boarding charges.)

**Please note:** Exams are required with FVRCP and DHAPP. If the veterinarian examining your pet finds any other problems upon examination do you wish him/her to treat this condition and/or prescribe any necessary medication?

\_\_\_\_\_ Yes \_\_\_\_\_ No (Please initial one.)

**NOTES:** If your pet is flea or tick infested at time of drop off, he/she will be given a flea/tick bath to prevent spreading. These services will be charged in addition to the daily boarding charge.

Kennel cough (Bordetella) is a contagious upper respiratory disease. Vaccination does not always adequately protect against this disease. If your pet experiences a head cold or cough shortly after boarding with us, please call our office. In most cases this can be treated with antibiotics. It is important that your pet be vaccinated for kennel cough 1-2 weeks prior to boarding for the vaccination to be most effective.

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date