



Northwoods Animal Hospital  
Boarding Check-In

Drop off Date: \_\_\_\_\_ Pick-up Date: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Is anyone else authorized to pickup your pet? \_\_\_\_\_

Medications/Supplements - please list all medications and dosage instructions

\*Medications must be provided in the original, labeled containers\*

Medication	Dose	Frequency	Time Last Given
		<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	

Feeding Instructions

My pet's current food is \_\_\_\_\_ I have brought food for my pet:  YES  NO

\*\*If no, pets will be fed appropriate amounts of Purina Dry EN for dogs and Pro Plan Dry for cats\*\*

\*If yes, you provide food for your pet, each meal must be prepackaged in individual bags\*

Please feed them \_\_\_\_\_ (amount) \_\_\_\_\_ x per day

Other feeding instructions: \_\_\_\_\_

My pet last ate at \_\_\_\_\_  AM  PM

My pet is on a restricted diet for:

- medical reasons
- stomach sensitivity
- skin allergies
- other

My pet is allowed to be walked outside.  YES  NO Allowed to have treats.  YES  NO

Medical Conditions: Please note any health concerns/conditions: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Personal items that I have brought for my pet are: \_\_\_\_\_

\*Please note: Northwoods Animal Hospital is not responsible for lost or damaged personal items. We request that you take your leash and collar, unless your pet needs it due to a medical condition. \*

**Additional Services:**

**Bath** (This includes ear cleaning, nail trim, and anal gland expression.)

**\*\*Prices based on dog's weight/coat\*\***

**\*Please plan to pick-up after 3pm on weekday departure date if a bath is requested and baths will be given Friday if pick-up date is on Saturday\***

**Apply/Give prevention:** Date to apply/give \_\_\_\_\_

**Nail Trim only \$13.40**

**Brush Teeth \$6.00/day** \_\_\_\_ x days

**Frosty Paws for Canines \$3.50 each** \_\_\_\_\_ x per day or \_\_\_\_\_ x per stay

I have requested vaccines or other medical services while my pet is boarding  **YES**  **NO**

Doctor Preference:  M. Hudson  H. Chappell  K. DeAngelo  No Preference

Are there any issues or problems you want your pet to be seen about?  **YES**  **NO**

If yes, please check any symptoms or problems that you have noticed about your pet and want addressed during their stay:

<input type="checkbox"/> limping	<input type="checkbox"/> allergies	<input type="checkbox"/> check anal glands
<input type="checkbox"/> anxiety	<input type="checkbox"/> check skin	<input type="checkbox"/> diarrhea
<input type="checkbox"/> vomiting	<input type="checkbox"/> sneezing	<input type="checkbox"/> check teeth
<input type="checkbox"/> check eyes	<input type="checkbox"/> check ears	<input type="checkbox"/> other issues

If other issues please explain: \_\_\_\_\_

- **All pets boarding must be current on all required vaccinations. This includes Rabies, DHPP, and Bordetella for dogs, and Rabies and FVRCP for cats.**
- All pets boarding must be free of fleas and ticks. Pets found to have fleas or ticks will be treated at the owner's expense.
- If your pet experiences any mild digestive issues while boarding, Northwoods Animal Hospital will monitor and treat as necessary, and inform you of any issues when you pick-up your pet.
- For any condition other than a minor problem, Northwoods Animal Hospital will provide medical treatment and an attempt will be made to contact you at the emergency number you have provided us.
- **We require pets to be dropped off at our facility between 7:30am and 4:30pm on weekdays. On Saturdays, we require pets to be dropped off between 8:30am and 12pm. Pets must be picked-up between 7:30am and 5:00pm Monday through Friday, and 8:30am and 12:30pm Saturdays. There is no pick-up available on Sundays or after hours.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

FOR STAFF USE ONLY

Observations/Problems during boarding

Date: \_\_\_\_\_ Problem: \_\_\_\_\_ Init: \_\_\_\_\_  
Date: \_\_\_\_\_ Problem: \_\_\_\_\_ Init: \_\_\_\_\_  
Date: \_\_\_\_\_ Problem: \_\_\_\_\_ Init: \_\_\_\_\_  
Date: \_\_\_\_\_ Problem: \_\_\_\_\_ Init: \_\_\_\_\_

Tech/Dr. notified \_\_\_\_\_ (kennel initials)

Medications Log

Date	Bin #	Medication	Initials
_____	_____	1. _____	___AM ___MID ___PM
		2. _____	___AM ___MID ___PM
		3. _____	___AM ___MID ___PM
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_____	_____	1. _____	___AM ___MID ___PM
		2. _____	___AM ___MID ___PM
		3. _____	___AM ___MID ___PM
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