



**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 pick up 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 Dog** \$31.00                      ☐ **Nail Trim Cat** \$25.50
- ☐ **Brush Teeth** \$7/day \_\_\_\_ x days
- ☐ **Frosty Paws for Canines** \$3.80 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    ☐ 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: \_\_\_\_\_

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- **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: \_\_\_\_\_

First

Last

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

Date Bin # Medication Initials

\_\_\_\_\_ 1. \_\_\_\_\_ AM \_\_\_\_\_ MID \_\_\_\_\_ PM

\_\_\_\_\_ 2. \_\_\_\_\_ AM \_\_\_\_\_ MID \_\_\_\_\_ PM

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\_\_\_\_\_ 3. \_\_\_\_\_ AM \_\_\_\_\_ MID \_\_\_\_\_ PM

Patient: \_\_\_\_\_  
First Last

FOR STAFF USE ONLY

# Boarding Feeding Chart

Owner provided food:    yes    no  
Feeding instructions while boarding:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>Date</u>			<u>Date</u>			<u>Date</u>			<u>Date</u>		
AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM

<u>Date</u>			<u>Date</u>			<u>Date</u>			<u>Date</u>		
AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM

<u>Date</u>			<u>Date</u>			<u>Date</u>			<u>Date</u>		
AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM

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AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM

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AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM