

**HANOVER VETERINARY HOSPITAL
BOARDING CHECK-IN QUESTIONNAIRE**

PERSONAL INFORMATION

Please fill this page out completely. We will take care of your pet based on what is on this sheet! Please fill out one form for EACH PET.

Arrival Date: _____ Departure Date: _____
Arrival Time: _____ Departure Time: _____
Client: _____ Pet: _____
Breed: _____ Sex: _____ Age: _____ Weight: _____

DIET:

I would like you to feed my pet: Canned Dry
 Please Use My Food (BRAND: _____)
Please feed my pet: Once daily Twice daily Three times daily
Food amount: Free choice Feed _____ per feeding

I would like my pet to have treats: YES NO
What kind of treats: Any kind Please avoid: _____
 Please Use My Treats: _____
How many treats per day would you like your pet to have? _____

PERSONAL BELONGINGS:

I am bringing the following items: _____

(Please note: Hanover Veterinary Hospital is not responsible for loss or damage to pet's property)

BATH:

I would like my pet to have a bath before coming home: Yes No (additional fees apply)
Baths are usually given the day of departure, so please give us an accurate departure time above so your pet has plenty of time to dry.

MEDICATION:

My pet receives the following medications or supplements: *(check all that apply)*
1) _____ Morning Afternoon Evening Every Day Specific Date: _____
2) _____ Morning Afternoon Evening Every Day Specific Date: _____
3) _____ Morning Afternoon Evening Every Day Specific Date: _____
4) _____ Morning Afternoon Evening Every Day Specific Date: _____

SPECIAL REQUESTS:

VACCINATIONS:

My pet has had vaccinations for RABIES, DISTEMPER, and BORDETELLA (dogs only) within the last 12 months: YES NO
My pet has had a stool sample checked within the last 12 months and is free from intestinal parasites: YES NO
If answering yes, please provide us with documentation ONLY IF THEY WERE GIVEN ELSEWHERE.
If answering no, additional fees will apply to have your pet seen by a veterinarian upon check-in for a physical exam and required care.

EMERGENCY CONTACT:

Name: _____ Phone # _____
Client Signature: _____