

**Paw Prints Veterinary Clinic
1745 Mileground Road
Morgantown, WV 26505
(304)296-7387**

Boarding Check-In Information

Owner / Agent Name _____ Boarding handout given _____

Owner – Pet Id# _____

Pet Name _____

Pet Weight _____

Admission Date / Time: _____ Discharge Date / Time: _____

Cat (cage boarding) _____ Dog (cage boarding) _____ Dog (run boarding) _____

Dates of Vaccination: Rabies _____

Date of last microscopic stool examination: _____

DHLPPC / FVRCCP _____

Bordetella _____

Lymes _____

Feline Leukemia _____

While my pet is boarding, I would like my pet's attending veterinarian to perform the following procedure(s):

Cats and kittens

- _____ Rabies
- _____ FVRCCP
- _____ Bordetella
- _____ Fecal (required every 6 months)
- _____ Leukemia / FIV blood test
- _____ Other

Dogs and puppies

- _____ Rabies
- _____ DHLPPC / DHPPC
- _____ Bordetella
- _____ Fecal (required every 6 months)
- _____ Heartworm blood test
- _____ Other

We require that a microscopic stool examination for intestinal parasites be performed on your pet every six months. If a stool examination has not been performed within the past six months, we will obtain a sample during your pet's stay with us, if possible. The cost of a stool examination is \$20.00.

Important Information As My Pet Boards

Phone number(s) where I can be reached: _____

If I am unavailable in the event of an emergency, please contact:

Name _____ Phone _____

Person(s) authorized to pick up my pet and provide payment for services:

Name _____ Phone _____

Diets for my pet:

We have a variety of foods available to feed your pet. Please indicate the food to be fed, and then specify whether your pet eats dry food only, canned food only or both.

Food to be fed: Science Diet Puppy or Kitten, Science Diet Adult Maintenance, Science Diet Senior, Eukanuba Puppy, Iams Cat, Iams Kitten, Eukanuba Intestinal Low Residue, Eukanuba Restricted Calorie, Hill's Prescription Diet C/D, I/D, K/D, R/D, W/D

Form of diet: dry food only, canned food only, both dry and canned food

Diet to be fed / Form of diet: _____

We also will feed a commercial pet food of your choice, if you bring it.

Please outline your pet's feeding instructions: _____

Prescription medication(s) for my pet:

We will administer any required prescription medication(s) to your pet as he/she boards at our veterinary hospital. Please bring each prescription medicine in its dispensed container, and provide instructions for administration.

Prescription(s) to be filled: _____

If your pet's medication(s) needs to be refilled during the boarding period, the cost of the prescription(s) will be added to your invoice.

Thank you very much for allowing us to care for your "special friend"!!