


Buffalo Small Animal Hospital


Boarding Intake Form

Patient: _____ Client: _____ Avi#: _____
Breed: _____ Sex: _____ Age: _____ Color: _____ Weight: _____
Drop off date: _____ Staying until: _____
Drop off time: _____ Pick up time: _____ Attendant Initials: _____

 Food provided by owner? YES NO


If "Yes" - Details: (Brand of food, Feeding amount, and frequency of feedings)

 Has the pet eaten already? YES NO


 Any medications to be given during stay? YES NO

If "Yes" - Please list:

- 1.)
- 2.)
- 3.)
- 4.)

 Does your pet have any allergies? YES NO

If "Yes" - Details:

 Does your pet have any limitations or restrictions? YES NO


If "Yes" - Details:

 What is the pet's temperament? _____

 Is the pet good with other pets? YES NO

 Does the pet know any commands? YES NO


If "Yes" - Details (i.e. Potty vs. Outside, sit, stay, etc.):

 Are blankets and toys okay to be left in the kennel with the pet? YES NO


 Will you be leaving any belongings with your pet? YES NO


If "Yes" - Please list:

- 1.)
- 2.)
- 3.)
- 4.)

 Any additional information or suggestions you'd like to provide? YES NO

If "Yes" - Details:

 Sibling: _____

 Would you like pets boarded together? YES NO

 Can pets be fed together? YES NO

- I understand that all items brought and left with my pet will be marked with a Sharpie to easily identify belongings.
 I understand that Kennel Attendants will do their best to return all belongings at the end of the stay.
 I understand that Buffalo Small Animal Hospital is not responsible for replacing any lost or damaged items.

Print Name: _____

Date: _____

Signature: _____

Contact #: _____