

**PATIENT:** \_\_\_\_\_ **OWNER (L, F):** \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ OK TO TREAT IN CASE OF EMERGENCY?  Yes  No

Emergency Contact: \_\_\_\_\_

Regular board  Special Care I board  Special Care II board

Diet:  Own: \_\_\_\_\_  Hospital (Hills): \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

Medications:  Own (please note location: \_\_\_\_\_)  
 Hospital

Medication	Dose	Delivery	Frequency

Additional notes/comments (Personal Items, etc.):

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

-----**Staff Only to make entries BELOW**-----

Check In (Please Init'l on Completion): \_\_\_\_\_ Wt: \_\_\_\_\_ Nail Trim  Check Ears  Fleas   
 Check Teeth/Gums  Behavior: \_\_\_\_\_

**BOARDER/PATIENT:** \_\_\_\_\_ **OWNER:** \_\_\_\_\_

DATE	TIME	INIT	<u>MEDS</u>	APPETITE			URINE		STOOL		G.I. (VOMIT)	OTHER
			✓	GOOD	OK	POOR	✓	TIME/AMT	✓	TIME/AMT	TIME/AMT	(DETAIL)
	__AM											
	__PM											
	__AM											
	__PM											
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**Diet:**

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