



**East Shore Veterinary Hospital, LLC**  
50 N. Main Street  
Branford, CT 06405  
(203)488-1686



Please fill out a separate form for each pet and each boarding reservation.

**PET AND CLIENT INFORMATION**

Today's Date: \_\_\_\_\_

Client Name: Pet Name: \_\_\_\_\_

Check-in Date: \_\_\_\_\_ and Time: \_\_\_\_\_

Check-out Date: \_\_\_\_\_ and Time: \_\_\_\_\_

**ADDITIONAL SERVICES**

- ☐ Bathe, Massage, Brush Out, Nails, and Ear Cleaning (\$35-85)
- ☐ Nail Trim (\$16)
- ☐ Ear Cleaning (\$16)
- ☐ Anal Gland Expression (\$22)
- ☐ Microchip (\$53)
- ☐ Complimentary Bath with 5 Paid Nights (No Charge)
- ☐ 30 minute walk through woods (Branford Land Trust) (additional \$20 per walk)

**COMMANDS, PERSONALITY, AND PLAYTIME**

- ☐ Group Play
- ☐ Individual Play

**BEDDING, TOYS, AND TREATS**

Please list items you are leaving for your pet:

**AGGRESSION**

Has your pet ever shown aggression associated with:

- ☐ Other Dogs
- ☐ Cats
- ☐ People
- ☐ Food
- ☐ Toys or Objects
- ☐ Other: \_\_\_\_\_
- ☐ No Aggression



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50 N. Main Street

Print Date: 6/22/2012



### **FEEDING**

- ☐ Feed Hospital Food \_\_\_\_\_ times daily.  
☐ Feed Client's food \_\_\_\_ cups \_\_\_\_ times daily. Brand of food: \_\_\_\_\_  
☐ Supplements:

### **PRESCRIPTION MEDICATIONS**

All prescriptions must be presented in original bottles and listed below

Drug: \_\_\_\_\_ Directions: \_\_\_\_\_

Drug: \_\_\_\_\_ Directions: \_\_\_\_\_

Drug: \_\_\_\_\_ Directions: \_\_\_\_\_

Med Staff Init: \_\_\_\_\_

### **HOUSEMATES BOARDING TOGETHER**

- ☐ Please house my pets separately  
☐ Please house this pet with \_\_\_\_\_.

### **EMERGENCIES**

Emergency Contact Name: \_\_\_\_\_ Number: (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: (\_\_\_\_) \_\_\_\_\_

**Please do not exceed \$ \_\_\_\_\_ when urgently treating my pet.**

### **SIGNATURE**

By signing below you acknowledge that you have provided correct information on this form and you agree to our boarding policy as outlined in the annual boarding form. If you would like a copy of our policy please ask.

### **OFFICE USE**

*Before the Client Leaves (Initial Below):*

- \_\_\_\_ DA2PPVaccine  
\_\_\_\_ Rabies Vaccine  
\_\_\_\_ Bordetella Vaccine  
\_\_\_\_ Canine Influenza Vaccine (CIV)  
\_\_\_\_ Negative fecal sample  
\_\_\_\_ Proof of flea prevention  
\_\_\_\_ Proof of intestinal parasite prevention  
\_\_\_\_ Flea Comb ☐ Positive ☐ Negative  
\_\_\_\_ Current Registration form for this pet  
\_\_\_\_ Current Annual Boarding form for Canines  
\_\_\_\_ Medications reviewed by Medical Staff  
\_\_\_\_ Review form for completion

*After Check-in (Initial Below):*

- \_\_\_\_ Transfer information to file/Cage Card  
\_\_\_\_ Check Weight= \_\_\_\_\_  
\_\_\_\_ Scanned for microchip = 985121012549615  
\_\_\_\_ Confirmed Microchip= HomeAgain

