



Owner's Name: \_\_\_\_\_  
Pet's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**EXAM WHILE BOARDING FORM**

Exam includes checking:

- Eyes
- Teeth
- Ears
- Heart
- Lungs
- Lumpy/masses
- Skin
- Body Condition (weight)
- Lymph Nodes

Has your pet exhibited any of the following recently? Please check all that apply:

Vomiting		Increased Water Intake		Coughing or Sneezing	
Diarrhea		Increased Urination		Skin Problems/Scratching	
Decreased Appetite		Weight Loss		Lumps or Bumps	
Increased Appetite		Weight Gain		Bad Breath	
Lethargy		Pain		Scotting	

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vaccinations, labwork, or other services needed:

Canine Rabies		Canine Leptospirosis		Fecal Test	
Canine Distemper		4dx Heartworm Test		Nail Trim	
Canine Bordetella		Feline Rabies		Anal Gland Expression	
Canine Influenza		Feline Distemper		Heartworm Preventative	
Canine Lyme		Feline Leukemia		Flea & Tick Preventative	

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If **additional services** are necessary, do we have your permission to treat?  
Would you prefer to be called first?

- Yes     No  
 Yes     No

I give permission for my pet to be treated as described above and I agree to be financially responsible.

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Signature of Owner or Guardian