



EXAM WHILE BOARDING FORM

Owner's Name: _____

Pet's Name: _____

Date: _____

Reason For Visit: _____

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

Vomiting	Bad Breath	Skin Problems	
Diarrhea	Increased Water Intake	Sneezing	
Blood in Stool	Increased Urination	Coughing	
Lethargy	Increased Appetite	Weight Loss	
Tumor or Mass	Decreased Appetite	Weight Gain	
Pain	Scratching		

Additional comments: _____

Vaccinations, Labwork and other Services Requested:

Rabies	Canine Flu	Heartworm Preventative	
Distemper	Anal Expression	Flea/tick preventative	
Bordetella	Nail Trim	Fecal	
Leptospirosis	Feline Leukemia	Other:	
Lyme	4DX Heartworm Test	Other:	

Do you accept routine treatments for any of the above (at additional cost)?
 No

Yes

If additional services are necessary, do we have your permission?
 No

Yes



Would you like to purchase one of our Annual Wellness packages Yes
No

Does your pet require any additional services while boarding?: Yes (Below)
No

I agree to be financially responsible for any services performed as agreed upon above.

Signature of Owner or Responsible Party: _____