



Heineke Veterinary Hospital

Pet Boarding Form

U.S. 27 & Orlando Drive
Alexandria, KY 41001
(859) 635-3783

--- This section is to be filled out by a clinic staff member ---

Date signed IN: ____ / ____ / ____ Scheduled discharge date: ____ / ____ / ____ Date of discharge: ____ / ____ / ____

Number of pets: Dog(s) Cat(s) Other (specify) _____ Boarding rate per day _____

Personal belongings: _____

I. Client Information

First Name: _____ Last Name: _____ Date: _____

Contact Information: (____) ____ - ____ Circle: Home Work Mobile Other _____
Primary Phone Number *E-mail Address*

Emergency Contact: _____ Relationship to you _____ Emergency Contact Phone Number: (____) ____ - ____
Emergency Contact Name *Emergency Contact Phone Number*

II. Pet Information

Name: _____ Gender: Male Female Species: Dog Cat Other _____

Breed: _____ Color: _____ Age: _____ yrs Weight: _____ lbs.

Medical Information

Has your pet been seen by his/her regular veterinarian in the last 6 months for anything beyond a wellness visit? Yes No

If YES, please describe. _____

Does your pet have any health issues (i.e. diabetes, allergies, etc.)? Yes No

If YES, please describe. _____

Does your pet require any special medication or treatment for the above condition(s)? Yes No N/A

If YES, please explain. _____

Is your pet currently on any medication? Yes No If YES, please fill out the table below.

Medication Name	Purpose/Condition	Dosage	Frequency

Share special instructions here

Has your pet had his / her medication today? Yes No N/A

Has your pet been treated with flea/tick medication within the last 30 days? Yes No Most recent treatment: _____

Please indicate the last vaccination date for the vaccinations listed below:

Annual booster ____ / ____ / ____ Rabies ____ / ____ / ____ Bordatella ____ / ____ / ____

Feeding Instructions

Is your pet currently on a special diet? Yes No If YES, please describe. _____

Food source: Kennel Supply Own Supply (specify brand & size): _____

Cups per meal: _____ Daily feed frequency: Once/day Twice/day 3 times/day Other _____

Eating habits: Eats all food right away Eats throughout the day Other _____

Behavioral Information

Does your pet have any phobias (e.g. thunderstorms) Yes No If YES, please describe. _____

Does your pet get along well with other animals? Yes No If NO, please explain. _____

Additional Information

Please provide any additional information or instructions in the box below.

