

Kennel Initial:

# Oldtown Veterinary Hospital

Weight:

## Boarding Check-In Card

Dr.:

Pet's name: \_\_\_\_\_ Client name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Drop off date: \_\_\_\_\_

Pick up date: \_\_\_\_\_

**All dogs and cats boarding with us must have current Rabies, Bordetella, Flu, and DA2PP vaccinations. If your pet has a reaction to vaccines, they can only be vaccinated Monday-Friday before noon, and may need to be vaccinated prior to boarding.**

Medication: Yes\_\_\_ No\_\_\_

If yes, what kind and how often? (All medication and supplements must be in original container.)

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**Bedding, bowls, and litter boxes will be provided.  
We are NOT responsible for lost or damaged personal items.**

Own food? Yes\_\_\_ No\_\_\_ (I will use the hospitals food: Hill's Science Diet Sensitive Maintenance dry food, Hill's Science Diet Maintenance Wet food available Yes\_\_\_ No\_\_\_)

**In the event that the food you bring runs out, is it OK to feed your pet Hill's Science Diet Sensitive Maintenance Dry Food or Hill's Science Diet Maintenance Wet Food?**

Yes, dry\_\_\_ Yes, canned\_\_\_ No\_\_\_

Feeding directions:

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Bath: Yes\_\_\_ No\_\_\_

(Baths are **50% off** while boarding; haircuts **NOT INCLUDED** in this special)

**Baths Include:** Nail trim, ear cleaning and anal gland expression.

Dr. check: Yes\_\_\_ No\_\_\_

Notes & Services while boarding: (Including People Allowed to Pick Up)

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Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_