



Boarding Rules and Requirements:

Reservations: A kennel can only be guaranteed if a reservation is confirmed ahead of time. Pick-up and drop-offs are possible during normal business hours Monday through Friday 7AM-6PM and Saturdays from 8AM-Noon. Please provide below, a phone or e-mail address that can be used to reach you while you are away:

Phone: _____ E-mail: _____

Vaccinations:

We require up-to-date vaccinations for all animals boarding at our facility. *Required up-to-date vaccines for boarding dogs are Rabies, DHPP and Bordetella. Required up-to-date vaccines for boarding cats are Rabies and FVRCP.* If, upon reviewing records, vaccinations are needed, the owner will be contacted and an annual examination and required vaccines will be given at the owner's expense. If vaccinations have been administered through another veterinarian, please provide the name and phone number (if available) of the clinic where we may obtain records below:

Name of Clinic: _____ Phone: _____

Flea & Internal Parasites Prevention:

All guests must have been treated with an effective form of flea prevention before check-in. If fleas are discovered upon arrival, the owner of the pet will be contacted and the pet will be treated with an effective form of flea treatment at the expense of the owner. If internal parasites are discovered during the pet's stay, the owner will be contacted and the pet will be treated immediately at the owner's expense.

Please provide below the name of the flea treatment given and the approximate date it was applied:

Flea Treatment: _____ Approximate Date Given: _____

Diet and Other Medical Information:

Is/are your dog(s)/cat(s) on any medications? Y N

Name of pet(s) needing medication: _____

Name of Medication: _____ Approx. time last given: _____

Name of Medication: _____ Approx. time last given: _____

If you for any reason have forgotten medications, Portland Animal Clinic can fill them at the owner's expense.

Do any of your dogs/cats have any allergies? Y N Name of pet(s): _____

If yes, please list symptoms: _____

What brand of food does/do your dog(s)/cat(s) eat?: _____

How much per feeding?

Name of pet: _____ Amount: _____ How often? _____

Name of pet: _____ Amount: _____ How often? _____

Name of pet: _____ Amount: _____ How often? _____

Did you bring your own food? Y N

If a special diet is required and for any reason the food has been forgotten, Portland Animal Clinic may provide comparable food at the owner's expense.

Examinations while Boarding:

Examinations can be provided while boarding at the owner's request any time during boarding.

Do any of your dogs/cats require examinations for current medical concerns? Y N

If yes, please provide the name of the pet and a brief description of your current concern:

Grooming:

Do any of your pets require a nail trim before discharge? Y N

Pet Name(s) needing nail trim(s): _____

Do any of your pets require grooming (bath, brushout, haircut, nail trim) before discharge?

Name of pet(s): _____

Special Grooming Instructions: _____

Approximate time of pick-up on day of discharge: _____

The information provided in this form is, to the best of my knowledge, accurate and complete:

Signature of Owner: _____ **Date:** _____