

**Crab Orchard Veterinary Services, Inc.**  
**Kennel Boarder Form**

Owner's name: \_\_\_\_\_

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

Breed: \_\_\_\_\_ Sex (circle one): **Male** **Female** **Spayed/Neutered**

Age: \_\_\_\_\_ Color: \_\_\_\_\_ Current Weight: \_\_\_\_\_

Vaccines required for boarding:

Rabies: Date Given: \_\_\_\_\_

Parvo/Distemper: Date Given: \_\_\_\_\_

Kennel Cough: Date Given: \_\_\_\_\_

Flea Treatment:

My pet is on the flea preventative called \_\_\_\_\_ and the last dose was given on \_\_\_\_\_. Note that for the health of the community, if your pet is not on flea preventative or is found to have fleas, a Capstar will be administered as flea control.

Feeding:

My pet eats (circle one): **Dry Food** **Wet/Canned Food**

Pets at our facility will be offered Royal Canin meals unless you provide them with their own diet.

I have brought my own diet (Please note the type): \_\_\_\_\_

Feeding Frequency: I feed my pet: **Once Daily** **Twice Daily** If other, please explain:

\_\_\_\_\_

Medications:

My pet is not on any medications: \_\_\_\_\_

My pet IS on medications: Type/Frequency/Dose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health Conditions:

My pet is healthy

My pet has been diagnosed with the following conditions:

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Toys:

My pet is allowed to have toys

My pet is NOT allowed to have toys

I brought my own toys \_\_\_\_\_

(Please note that if the pets are destroying and are in danger of consuming the toys, they will be pulled)

Bedding:

Each pet is provided with adequate bedding daily

I brought my own bedding

My pet requires special bedding: Please specify: \_\_\_\_\_

Grooming

I wish my pet to be groomed in my absence (subject to time constraints and scheduled with the groomer by appointment). Please specify the cut and any other instructions:

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Bathing:

I wish my pet to have a bath before my pickup time

I do not wish for my pet to have a bath

Any other concerns:

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Owner Signature: \_\_\_\_\_

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