



# Montclair Veterinary Hospital

SERVING THE EAST BAY SINCE 1962

1961 Mountain Blvd Oakland, CA 94611 ph 510 339 8600

www.MontclairVetHospital.com clientservice@montclairvethospital.com

Client: {FULLNAME} Patient: {NAME} Date: {CURRENTDATE[SHORT]}

Breed: {BREED} Age: {AGE} Sex: {SEX}

## Feline Boarding Intake Sheet

As owner, or duly authorized agent of the owner, of the above named animal, I hereby consent and authorize the clinic to provide boarding services to this animal, as outlined in the Initial Boarding Release form that I have signed.

Annual Health Needs or Requirements for Admission:

Proof of Physical Exam Within 6 months  Current FVRCP  Current Rabies

Exempt from Vaccines per Veterinarian

Drop-Off Date: {CURRENTDATE[SHORT]} Pick-Up Date: enter date here Approx. Time: \_\_

Did you bring your pet's food with you today?

Yes. Feeding Instructions: \_\_

No. Please feed an age appropriate in-house maintenance diet and invoice to my account.

When should your pet be fed next? \_\_

Is your pet currently on any medications?

No  Yes (please list below)

<u>Medication</u>	<u>Frequency Given</u>	<u>Last Given</u>	<u>Next Due</u>
Name of medication	__ times per day	__	__
Name of medication	__ times per day	__	__
Name of medication	__ times per day	__	__

Did you bring your pet's medications with you today?

Yes  No, please refill and administer medications as listed above.

Please list any personal items left with your pet today. (ie, bedding, toys, carrier) \_\_

Phone number/emergency number for contact: \_\_

Alternate Contact in case of emergency:

Name: \_\_

Relation: \_\_

Phone Number: \_\_

Authorized for pick-up?  Yes  No

Signature: {CLIENTSIGNATURE} Date: {CURRENTDATE[SHORT]}



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Client: {FULLNAME}                      Patient: {NAME}                      Date: {CURRENTDATE[SHORT]}

Breed: {BREED}                      Age: {AGE}                      Sex: {SEX}

Intake performed by: {TECHINITIALS}