

**Wheaton Animal Hospital
Boarding Registration**

Client's Name_____.

Pet's Name_____.

Reservation Date_____ To_____ Time_____.

Toys or Personal Belongings

We strongly encourage you to not leave any personal belongings because they can get lost during their stay.

However, if you do decide to leave them please list them below and will do our best to return them to you._____ (please initial)

Diet (please circle)

Our food Own food Type of food_____

AM Noon PM How much at each feeding?_____

Did you bring your own measuring cup? Yes/No

Can they have our treats? Yes/No

Does your pet have any behavioral or medical problems that we should be aware of?

If you have multiple pets can they stay together (please circle) yes or no

Are there any other services your dog needs: surgery, grooming, exam, vaccines?

Medications

Please list any medications that your pet will need to be given during his/her stay. There will be an additional charge for this service.

Medication Dose Frequency

Medication Dose Frequency

Medication Dose Frequency

Medication Dose Frequency