

Gilmer Park Animal Clinic

Canine Boarding kennel application

**Owner information**

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

Address: \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ mobile phone \_\_\_\_\_ work  
phone \_\_\_\_\_

Email \_\_\_\_\_

Spouse name \_\_\_\_\_

Spouse work phone \_\_\_\_\_ mobile  
phone \_\_\_\_\_

Spouse email \_\_\_\_\_

**Emergency contact and release** ( *in case of emergency, an additional person that your dog can  
be released to with proper ID and your consent* )

Primary emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Secondary emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Your veterinarian**

Clinic name: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_

City/state/ZIP \_\_\_\_\_

Telephone: \_\_\_\_\_

Name pets records are under: \_\_\_\_\_

**Pet information**

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

How long owned: \_\_\_\_\_

Date of birth or age \_\_\_\_\_ weight: \_\_\_\_\_

Circle one: male or female

Circle one: spayed/neutered intact

Microchip # \_\_\_\_\_

Description ( color and  
markings ): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Health and vaccinations**

Please list the dates of the following vaccinations. Proof of vaccination by a veterinarian is required for boarding.

Rabies: \_\_\_\_\_ next due: \_\_\_\_\_

Distemper/parvo: \_\_\_\_\_ next due: \_\_\_\_\_

Bordetella: \_\_\_\_\_ next due: \_\_\_\_\_

Leptospirosis \_\_\_\_\_ next due: \_\_\_\_\_

Flea and tick

prevention: \_\_\_\_\_ (*must be given within the last month and be one of the following products: comfortis, frontline, trifexis, advantage, advantix, revolution, sentinel, vectra. If fleas are found on your pet, we will apply a product and you will be charged for it.*)

Dogs will be fed science diet maintenance products while boarding. We have canned and dry maintenance diet available and will feed up to twice daily. If your pet is on a special diet, please indicate the type and feeding instructions below. Special diets should be provided for us to feed in Ziploc bags.

Type of food: \_\_\_\_\_

Feeding instructions: ( include how much and how often ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional feeding

instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will your pet require medications while boarding? \_\_\_\_\_

If yes, please indicate what type of medication and the dose and frequency of medication to be

given: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any

allergies \_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like us to know about your pet? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_