

Gilmer Park Animal Clinic
Feline boarding kennel application

Owner information

Name: _____
Address: _____
City/State/ZIP _____
Home phone: _____ cell
phone _____
Work phone: _____
Email address: _____

Spouse Name: _____
Cell phone: _____ work phone: _____
Email address: _____

Emergency contact information *(in case of emergency, this is another person that your pet may be released to with your consent)*

Name: _____
Relationship: _____
Phone number: _____ cell phone: _____

Veterinary Contact information

Name of veterinary
clinic: _____
Name of
veterinarian: _____
Address: _____

Phone
number: _____

Pet information

Name of the pet: _____
Date of birth or age: _____
Circle one: male/Neutered or female/spayed
Microchip # _____

Breed if applicable: _____

Description: _____

Medical history

Vaccinations (please provide dates)

Rabies: _____ next due: _____

FVRCP(distemper) _____ next due: _____

Feline leukemia vaccination is recommended but not required

Felv: _____ next due: _____

Flea prevention:

Product used: _____ date

applied: _____

Please note that an acceptable flea product must have been applied within the last 30 days. If your pet is found with fleas, it will be treated and you will be charged for the treatment.

Acceptable products include revolution, advantage, frontline)

Feeding instructions:

We feed science diet maintenance dry and canned food. If you have another diet you prefer that your cat is fed, please indicate the name of the diet below. If your pet requires a special diet, you should provide it. Special dry diets need to be provided by the owner in individual Ziploc bags: one meal per bag.

What do you feed your pet: _____

Please indicate how much food and how frequently you wish your pet to be

fed _____

Medications:

Will your pet require medication while boarding?_____

Please provide medication name, dose and frequency

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