

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

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

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