

Kennel Intake Form: Date: \_\_\_\_\_ TGH \_\_\_\_\_

Client Name \_\_\_\_\_ Chart # \_\_\_\_\_ Pet's Name \_\_\_\_\_

Feeding Instructions (including how often) \_\_\_\_\_

Hospital food (we feed EN dry / canned EN or I/d as needed, this is an easily digested chicken/rice diet)

Or Client's Name of Clients Food \_\_\_\_\_

When did the pet eat last? \_\_\_\_\_

Would you like your pet to have a bath? YES / NO

If yes what time are you picking up your pet \_\_\_\_\_

Have you given/ applied flea control? YES NO (circle one) If so when ? \_\_\_\_\_

Kennel attendant flea comb pet (chin / base of tail) Negative Positive ( circle one )

Any medications? Yes or No (circle one)

List Medications, how many pills are in vial, instructions and how client gives the medication to the pet;

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List belongings: We provide bowls & blankets

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Anything we should be aware of? \_\_\_\_\_ (likes or dislikes)

(Food Allergies, WO, eats Blankets) \_\_\_\_\_

Weight upon admission \_\_\_\_\_ Weight upon discharge \_\_\_\_\_

I have checked the patients file for any specific boarding instructions (both green, yellow sheets & computer) Kennel Attendant Signature \_\_\_\_\_ Date \_\_\_\_\_