



Pet Health Report

welcome Boarding Kennels and Cattery

Client ID _____ Staff only _____

PETS DETAILS

OWNER'S SURNAME: PET'S NAME:

BREED: SEX: MALE FEMALE DESEXED: YES NO

DATE OF BIRTH: _ / _ / _ _ AGE: MICROCHIP NO:

COLOUR/SPECIAL MARKINGS:

OVERALL HEALTH CONDITION: EXCELLENT VERY GOOD GOOD FAIR POOR

MEDICAL HISTORY

Vet details:

VET BUSINESS NAME:	
VET ADDRESS:	
VET PHONE NUMBER:	
PREFERRED VETERINARIAN'S NAME:	

Flea Treatment:

DATE GIVEN: _ / _ / _ _	BRAND:	ADMINISTERED HOW OFTEN:
-------------------------	--------	-------------------------

Heartworm:

DATE GIVEN: _ / _ / _ _	BRAND:	ADMINISTERED HOW OFTEN:
-------------------------	--------	-------------------------

Intestinal Wormer:

DATE GIVEN: _ / _ / _ _	BRAND:	ADMINISTERED HOW OFTEN:
-------------------------	--------	-------------------------

WELCOME BOARDING KENNELS AND CATTERY MAY BE REQUIRED TO WORM YOUR PET ON ARRIVAL

Ongoing/continuous Prescribed Medication: (if applicable)

MEDICATION:	CONDITION BEING TREATED:
MEDICATION:	CONDITION BEING TREATED:
MEDICATION:	CONDITION BEING TREATED:

PLEASE NOTE: ALL MEDICATIONS AND DOSAGES WILL BE DISCUSSED UPON CHECK-IN FOR EACH INDIVIDUAL BOOKINGS

Last/Recent Veterinary Visits:

DATE: _ / _ / _ _	REASON FOR VISIT:
DATE: _ / _ / _ _	REASON FOR VISIT:

Does your pet suffer from any of the following reoccurring conditions?

EAR INFECTION	ARTHRITIS	SKIN IRRITATIONS	LICK WOUNDS
VOMITTING	DIARRHOEA	EPILEPSY	HAIRBALLS
URINARY INFECTIONS	HOTSPOTS	ALLERGIES	BLOCKED ANAL GLANDS
EXCESSIVE DRINKING	LIMPING	WATERY EYES	REGULAR COUGH
OTHER:			

PLEASE TURN OVER

What is the usual course of action or treatment for this condition?

Does your pet have any current lumps, lesions or scars? (if so, where on their body)

DIET AND GENERAL WELL BEING

What is your pet's usual diet? (please state brands, flavours, quantities etc.)

Is the above diet prescribed? (if so, for what condition)

Food allergies / limitations:

How do you rate your pet's weight? OBESE OVERWEIGHT IDEAL LEAN UNDERWEIGHT

Do you class your pet as: ATHLETIC FIT AVERAGE UNFIT SLUGGISH

What is your pet's usual exercise routine?

EMERGENCY DETAILS

Owner's Contacts:

OWNER'S NAME:	PHONE:
OWNER'S EMAIL:	
SECONDARY OWNER'S NAME:	PHONE:

Emergency Contacts:

CONTACT NAME:	R/SHIP:	PHONE:
CONTACT NAME:	R/SHIP:	PHONE:

What course of action would you like us to take if your pet is ill?

When pets are over the age of 10 years old you must have discussed with your emergency contact and Welcome Boarding Kennels & Cattery, your wishes should your pet pass away during time of boarding (eg Burial, cremation)

DECLARATION

I, have read fully and accept Welcome Boarding Kennels and Cattery *TERMS & CONDITIONS*. I understand Welcome Boarding Kennels and Cattery shall not be responsible for any loss or injury arising from any cause whatsoever. **I acknowledge it is my responsibility to inform Welcome Boarding Kennels & Cattery of any changes to my pets health or requirements when they arise.** In the case of an emergency, if the nominated person or myself is not available I give Welcome Boarding Kennels & Cattery permission to act on my behalf and seek necessary veterinary treatment. I agree to pay all costs incurred for such treatment. I understand Welcome Boarding Kennels & Cattery does not extend credit and my account will be paid in full on collection or delivery of my pet.

SIGNED

DATE _ _ / _ _ / _ _ _ _