



Pre-Boarding Medical Information

Pet's Name: _____ Age: _____ Species: Cat/Dog

Breed: _____ Color: _____

Owner: _____ Phone Number: _____

Vaccinations:

- Dog Required:
 - Rabies – Date Received: _____ Booster Due: _____
 - DA2PP - Date Received: _____ Booster Due: _____
 - Bordetella - Date Received: _____ Booster Due: _____
- Dog Recommended:
 - Leptospirosis - Date Received: _____ Booster Due: _____
 - Canine Influenza (CIV) - Date Received: _____ Booster Due: _____
- Cat Required:
 - Rabies - Date Received: _____ Booster Due: _____
 - FVRCP - Date Received: _____ Booster Due: _____

All required vaccinations must be given at least 48 hours prior to boarding check-in. If you need to have a vaccination(s) given, we are happy to schedule an appointment with one of our veterinarians. Please call (970) 674-5105 to schedule an appointment.

A copy of your pet's vaccination record is required at least 48 hours prior to boarding check in. This can be emailed to us at hello@valleyviewanimalhospital.com. We are also happy to contact your primary veterinarian for you and just need to know who to call.

We highly recommend vaccination for canine influenza and leptospirosis based on risk of boarding with other pets, however, it is not required. By not having your pet vaccinated against these illnesses, you understand the increased risk of contraction these due to the nature of a

boarding environment and cannot hold Valley View Animal Hospital responsible for treatment should your pet contract these illnesses.

Pre-existing Conditions:

Please indicate if your pet has any pre-existing medical conditions:

- Diabetes
- Seizures
- Cardiac/ Heart Condition
- Mobility concerns
- Visual concerns
- Other:

At Valley View Animal Hospital boarding, your pet’s safety is our priority. If your pet has a pre-existing medical condition, we require a veterinary release form for general boarding and an examination by a licensed veterinarian every 6 months.

During check-in, you will be required to sign a waiver that acknowledges the circumstances of general boarding and potential risk. With your pet’s safety as our top priority, the final decision to move forward with a boarding reservation is up to the management and staff of Valley View Animal Hospital boarding.

Medications:

Is your pet currently on medication? Yes / No

If yes, please indicate the medication and instructions:

Medication: _____ Instructions:

Medication: _____ Instructions:

Medication: _____ Instructions:

Medication: _____ Instructions:

Medication: _____ Instructions:

Medication: _____ Instructions:

Please contact our office at any time prior to your boarding reservation if you have any questions or concerns. We look forward to caring for your pet!

Owner Signature: _____ Date:
