

**OAKVIEW VETERINARY MEDICAL CENTER**  
**ADDITIONAL BOARDING PET'S ADMISSION FORM**

Attach to Boarding Admission Form with Authorization after completion

OWNER/CLIENT \_\_\_\_\_ Reserved Kennel Type: \_\_\_\_\_

ADDITIONAL BOARDING PET'S NAME \_\_\_\_\_

ADMISSION DATE \_\_\_\_\_ PICK UP DATE: \_\_\_\_\_

Vaccinations current? YES // NO (Fill in expiration dates below – circle yes if all current and no if any need updated)

**Canine:**

Core (required): Rabies Exp. \_\_\_\_\_ DAPP Exp. \_\_\_\_\_ Bord-P Exp. \_\_\_\_\_  
Non-core (optional): Lyme Exp \_\_\_\_\_ Lepto Exp \_\_\_\_\_ Heartworm Test Due \_\_\_\_\_

**Feline:**

Core (required): Distemper (Panleukopenia) Exp \_\_\_\_\_ Rabies Exp \_\_\_\_\_  
Feline Upper Respiratory (Feline Herpesvirus / Calicivirus) Exp. \_\_\_\_\_  
Non-Core (optional): Leukemia Exp \_\_\_\_\_

DIET: Own Food    Clinic Diet    (Please circle one)

How much: \_\_\_\_\_

How many feedings per day:  Once Daily: AM PM /  Twice Daily /  Three Times Daily /  Free Choice  
(Circle One)

**HEALTH CONDITIONS and MEDICATION(S):** Condition / Medication Name and Directions: (Medication Log Required)

1. Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Has your pet been treated today? (Please circle one) YES NO

2. Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Has your pet been treated today? (Please circle one) YES NO

**PERSONAL ITEMS:**

Food     Treats     Blankets     Rawhides     Toys \_\_\_\_\_  
(How many and description)

Collar and Leash \_\_\_\_\_ (Description)     Other \_\_\_\_\_