Bridgton Veterinary Hospital & BOARDING STAY INFORMATION FORM

Dental Care Center

NAME:	OWNER:
BREED:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
COLOR:	PHONE(S):
AGE:	
SEX:	
BOARDING DATES: TO	PICK UP TIME:
Would you like Premium Boarding?	
Would you like a Bath/Grooming while here?	
(subject to availability)	
Local Emergency Contact Information?	
Your Contact Information While Gone?	
Any skin concerns; Itchy / Lumps?	
Any coughing/sneezing/runny eyes?	
Have they been to any other boarding/	
grooming/daycare facilities within the last 30 days?	?
What Heartworm/Parasite Prevention are they on?	
- Date Last Given?	
What Flea/Tick Prevention are they on?	
- Date Last Given/Applied?	
Is Fecal Testing up to date? (in the last 12 months	
- Do we need to collect?	
Current Diet:	
- Feeding directions:	
Are Treats OK?	
Names of Medications, Dosages, Instructions?	
1.	
2.	
3.	
4.	
5.	
If needed, is it okay to administer Composure? Approval to post photos/videos on Facebook? Additional Services Requested:	
Items Brought in by owner: To Go Home with pet:	
Food (Brand): Leash & Collar (Color):	
Leasii a Collai (Coloi): Bad/Rlankat:	
Bed/Blanket:	