

*Staff only* \_\_\_\_\_

## PETS HEALTH REPORT

### PETS DETAILS

Owners name.....Pet name.....

Breed..... Special Markings.....

Age.....Date of Birth..... Sex:    male            female

Condition : Excellent            Very good            Good Fair            Poor

### MEDICAL HISTORY

Is your pet on heartworm prevention?    Yes            No

If yes what type of prevention?            Daily            Monthly    Yearly Injection

DATE DUE.....brand name.....

When did your pet last receive intestinal worming?            Date if known.....

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

Is your pet currently on prescribed medication?    No            Yes (If yes please state name of medication and **condition being treated** .....

Last/Recent Veterinary visit:    Date.....            reason for vet visit.....

Please state any other health issues we should be aware of. E.g. Excessive drinking, occasional limping, watery eyes, regular cough, on going condition being treated

Does your pet suffer from any of the following re occurring conditions?

Ear infection            Arthritis            Skin irritation            Lick wounds

Vomiting            Diarrhoea            Epilepsy            Hairballs

Urinary infections    Hotspots            Allergies            Blocked anal glands

Other, please specify .....

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

At the time of boarding are you aware of any lumps, lesions, scars your pet may have?

No    Yes    ( If yes where on the body).....

please turn over

DIET

What is your pet’s normal food intake? .....

Diet type or preference .....

How do you rate your pets weight? Obese Overweight Ideal Thin Underweight

Food allergies/Limitations.....

Does your pet require a prescribed diet? No Yes (If yes what type and for what condition?) .....

GENERAL HEALTH

What is your pets usual exercise program?.....

Do you class you pet as: Athletic Fit Average Needs improving Sluggish

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.....