

**CARVER STREET ANIMAL HOSPITAL
2703 WEST CARVER STREET
DURHAM, NC 27705
(919)477-7319**

Pet's Name: (First) _____ (Last) _____

Boarding Dates: _____ to _____ Emergency # _____

List any items that you are leaving with your pet (including leash, collar or food) _____

Is your pet on MONTHLY or NO heartworm preventative? (Circle one)

Is your pet on any medication? If yes, please list them below with your pet's treatment schedule and when the last dose was given _____

Is your pet on a special or prescription diet? _____

What is your pet's favorite food? _____

Is your puppy/dog accustomed to being walked on a leash to "potty"? Yes _____ No _____

Would you like your puppy/dog to spend time on our covered outdoor runs during the day (when weather/temperature is moderate) or would you prefer that he/she stay indoors and be walked?

Stay inside & get walked in yard (4 times/day) _____ Go outside on runs _____

If your pet comes in with fleas or ticks, he/she will be treated at your expense.

Would you like your pet bathed before going home? Yes _____ No _____

If your pet is bathed, expect to pick up after 3:00pm or call ahead.

Would you like a single dose of Advantage (flea control), K9 Advantix (flea/tick control) or Frontline (flea/tick control) applied? Yes (circle your choice) _____ No _____

If the kennel staff notices that your pet has any minor problems while boarding with us (eye, ear, skin infection, etc), do you want a doctor to check and treat the problem while you are away? If not, we will wait until you return to discuss and minor concerns. We will treat any life-threatening or major conditions even if we are unable to reach you and will transfer your pet to an emergency facility should that be considered necessary, as we have no overnight staff.

_____ Yes, treat any minor problems while I am away

_____ No, contact me before treating and minor problems while I am away

We will keep this information in your pet's file and will update it regularly to make his/her boarding experience the best that it can be. Please let us know if any information changes.

If your pet is not a regular patient, please list any previous medical problems that we should be made aware of on the reverse of this page.

I have read the above and am aware that no staff member spends the night in the building.

Signed: _____

Date: _____