

ADDITIONAL PET(S)

Pet#2: Canine/Feline Breed: _____

Pet Name: _____ Color: _____

Weight (we will weight pet): _____ Sex: _____ () Spayed () Neutered

DOB: _____ Allergies: _____ DHLPP: _____

Bordetella (within 6 months if boarding): _____ (Your pet must have received the intranasal vaccination one week prior to boarding or 14 days if they received the injectable vaccine)

Fecal exam(within 6 months if boarding) : _____

Flea & Tick Treatment last given: _____

Heartworm test and monthly medication last administered: _____

Leptospirosis: _____

Pet#3: Canine/Feline Breed: _____

Pet Name: _____ Color: _____

Weight (we will weight pet): _____ Sex: _____ () Spayed () Neutered

DOB: _____ Allergies: _____ DHPP: _____

Bordetella (within 6 months if boarding): _____ (Your pet must have received the intranasal vaccination one week prior to boarding or 14 days if they received the injectable vaccine)

Fecal exam(within 6 months if boarding) : _____

Flea & Tick Treatment last given: _____

Heartworm test and monthly medication last administered: _____

Leptospirosis: _____