

Redding Veterinary Hospital, LLC

235 Ethan Allen Highway, Ridgefield, Connecticut 06877
Tel: 203/ 438-3761 Fax: 203/ 438-9321 Email: ReddingVet@att.net

BOARDING CHECK-IN REPORT

Date In:// Date Out://	Your Name:	
Pet's Name: Species & Age:	Emergency Number:	
Driver's License: State Number		
speak with a technician before leaving you that we can discuss any pertinent findings	hile boarding, you must fill out a history form and ir pet. Please leave a contact phone or email so with you. EBOARDING Body Weight:	
☐ Physical Exam*	☐ Leash Walking	
☐ Microchipping	□ Bath □ Nail Trim	
☐ Fecal Analysis / Worming		
☐ Heartworm/Tick Panel ("4DX")	· · · · · · · · · · · · · · · · · · ·	
☐ Other:		
□ Rabies □ FVRCP □ Fe Current Medications (please list all medications: Instructions: Instructions:	• •	
Special Diet/Own Food:		
Instructions:	Start:	
required for boarding. Any animal found with pa If your pet should become ill, he/she will be treat	detella(dog) vaccinations, as well as a fecal analysis, are arasites will be treated at the owner's expense. ted at the veterinarian's discretion (if you cannot be	
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Signaturo	Date	