

N10120 County HWY M, Springbrook, WI 54875 | 715-934-9055 | info@leadingedgevets.com

Pet's Name		Dog or Cat	Breed		
Sex	Spayed or Neutered Age		Color & Markings		
Client Name _			Date		
Completed Boarding Rec	quirements Must Be On File PRIOR t	o check-in. All re	equirements must be completed	2 weeks prio	r to check-in:
□Heartworm Preventativ	ve-Current Monthly Dose DAPP	Flea/Tick Prevent	ion (Current-Monthly Dose) □ B	ordetella (Kei	nnel Cough)
	past 6-12 months) □ Current Rabies Certi		•		
•	,			YES	NO
	n occurs during a boarding stay y and they will not be eligible fo	. •			110
	own ANY signs of aggression to p				
	own ANY signs of aggression to a				
Please describe the bedog immediately)	ehavior you have seen. (If human	aggression occ	urs kennel you will be respor	nsible for pi	cking your
Any history of seizure	es?				
Has it been addressed	by a veterinarian?				
Please describe the se	sizure activity you have noticed:				
Is your pet currently of	on medications?				
If yes, there may be additional charges for giving medications					
Medication Name &	Dosage and Directions for Admin	istration:			
Med 1:					
Med 2:					
How do you give the	medications at home? In a treat, h	not dog, peanut	butter, pilling down the throa	at?	
Does your net have a	history of separation anxiety?				
	s the right to use anti-anxiety med		lming pheromone enrave to	Initials	
	will incur additional costs.	incations and ca	mining pheromone sprays to	Illitials	
Does your pet have an	ny food allergies or intolerances (please describe)		
Did you bring your pe	et's own food?				
Pet Food Brand?					
How often is your pet	t fed each day?				
How much is your pe	t fed per feeding?				
Has your dog ever trie	ed to jump or climb fences? How	high?			
Has your pet been sic	k in the past two weeks?				
Please describe (i.e.,	coughing, sneezing, vomiting, dia	rrhea, etc.):			
	nal services your pet needs during		a in*		
•	vices must be scheduled in adva- be pre-arranged with the groomer,		0		
Orooming needs to t	be pre-arranged with the groomer, ****Please return this fo				
Signatura	i icase return tinis io	rın 48 nours p De			

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Any additional services must be scheduled in advance of checking in					
Grooming needs to be pre-arranged with the groomer, when scheduling during your pet's stay					
****Please return this form 48 hours prior to check-in ****					
Signature	Date				
Print Name					