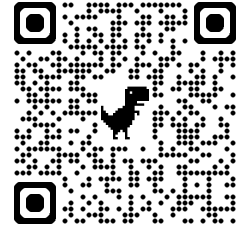




Family Vitals™



## Pet Boarding Checklist

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### Pet Information

- **Pet Name:** \_\_\_\_\_
  - **Species:** ☐ Dog ☐ Cat ☐ Other: \_\_\_\_\_
  - **Breed:** \_\_\_\_\_
  - **Age / Date of Birth:** \_\_\_\_\_
  - **Sex:** ☐ Male ☐ Female ☐ Neutered ☐ Spayed
  - **Microchip ID (if applicable):** \_\_\_\_\_
  - **Photo on File:** ☐ Yes ☐ No
- 

### Owner & Emergency Contact Information

**Primary Owner - Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact (Not Traveling With You) - Name:**

\_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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### Boarding Facility / Pet Sitter Information

- **Facility / Sitter Name:** \_\_\_\_\_
  - **Phone:** \_\_\_\_\_
  - **Address:** \_\_\_\_\_
  - **Dates of Boarding:** \_\_\_\_\_
- 

### Veterinarian Information

- **Primary Veterinarian / Clinic:** \_\_\_\_\_
- **Phone:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Preferred Emergency Vet / ER:** \_\_\_\_\_

This summary is not intended to replace official health records or professional medical judgment. Please consult with your healthcare provider prior to making any health decisions related to your pet health. This checklist supports safe care and clear communication but does not replace facility-specific contracts, waivers, or veterinary advice.

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## Vaccinations & Health Records

Most boarding facilities require proof of vaccinations.

- ☐ Rabies (current)
- ☐ Distemper / DHPP (dogs)
- ☐ Bordetella (kennel cough)
- ☐ Leptospirosis (if required)
- ☐ FVRCP (cats)
- ☐ FeLV (cats, if required)

**Date of Last Vaccination(s):** \_\_\_\_\_

- ☐ Vaccination records provided - ☐ Health certificate provided (if required)

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## Medical Conditions & Allergies

- **Chronic conditions:** \_\_\_\_\_
  - **Medication allergies:** \_\_\_\_\_
  - **Food allergies or sensitivities:** \_\_\_\_\_
  - **Behavioral or anxiety considerations:** \_\_\_\_\_
- 

## Medications

Include all prescription and over-the-counter medications.

Medication Name	Dose	Frequency	Reason	Special Instructions
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- ☐ Medications labeled and provided in original containers
- 

## Feeding Instructions

- **Food Type / Brand:** \_\_\_\_\_
- **Amount per Feeding:** \_\_\_\_\_
- **Times Fed:** \_\_\_\_\_
- **Treats Allowed:** ☐ Yes ☐ No (list) \_\_\_\_\_

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- **Special Feeding Notes:** \_\_\_\_\_
  - ☐ Enough food packed for entire stay (+ extra)
- 

## Daily Care & Routine

- **Exercise needs:** \_\_\_\_\_
  - **Bathroom routine / litter instructions:** \_\_\_\_\_
  - **Sleep preferences:** \_\_\_\_\_
  - **Socialization preferences:** ☐ Group ☐ Solo ☐ Supervised
- 

## Behavior & Handling Notes

- ☐ Leash reactive
- ☐ Fearful of loud noises
- ☐ History of aggression (explain)
- ☐ Escape artist
- ☐ Special handling instructions

**Details:** \_\_\_\_\_

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## Items to Bring

- ☐ Food and treats
  - ☐ Medications
  - ☐ Collar with ID tag
  - ☐ Leash / harness
  - ☐ Bed / blanket (optional)
  - ☐ Favorite toy (if allowed)
  - ☐ Written instructions
- 

## Grooming & Special Services (If Offered)

- ☐ Nail trim
  - ☐ Bath
  - ☐ Brushing
  - ☐ Medication administration
-

## Authorization & Consent

I authorize the boarding facility or pet sitter to: - Provide routine care as outlined - Seek veterinary care in an emergency if I cannot be reached - Release medical records to the listed veterinarian if needed

- **Owner Name:** \_\_\_\_\_
- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

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## Notes & Additional Instructions

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