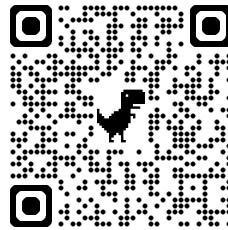




Family Vitals™



Pet Boarding Checklist

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: _____

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.

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)

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: _____

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:** _____

Notes & Additional Instructions
