

BOARDING CHECKLIST

Owner: _____

Pet Name: _____

Is your pet feeling ok today? Yes No

Within the last 6 months, has your pet had:

- Change in activity level or energy
- Lameness or limping
- Trouble getting up
- Coughing
- Nasal Discharge
- Eye Discharge or Eye Problems
- Cysts, Lumps or Warts
- Hot Spots
- Bowel Movement Changes
- Urinary Changes
- Seizures
- Surgery or Medical Procedure _____
Date
- Medications – for _____

Is there anything we should know about your pet during this boarding stay? Yes No

If yes, please describe: _____

By signing below, I understand that any medical condition, such as those noted above may prohibit my pet from being boarded at this facility during this stay.

I agree that if my pet should become ill, the Santa Barbara Humane Society will transport my pet to my veterinarian (or referring veterinarian in the event my veterinarian cannot treat) for treatment at my own expense.

Signed: _____

Date: _____

Staff Initials

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