



Heineke Veterinary Hospital
Pet Boarding Form

U.S. 27 & Orlando Drive
Alexandria, KY 41001
(859) 635-3783

II. Pet Information

Name: _____ Gender: Male ☐ Female ☐ Species: Dog ☐ Cat ☐ Other _____
Breed: _____ Color: _____ Age: _____ yrs Weight: _____ lbs.

Medical Information

Has your pet been seen by his/her regular veterinarian in the last 6 months for anything beyond a wellness visit? Yes ☐ No ☐
If YES, please describe. _____

Does your pet have any health issues (i.e. diabetes, allergies, etc.)? Yes ☐ No ☐
If YES, please describe. _____

Does your pet require any special medication or treatment for the above condition(s)? Yes ☐ No ☐ N/A ☐
If YES, please explain. _____

Is your pet currently on any medication? Yes ☐ No ☐ If YES, please fill out the table below.

Medication Name	Purpose/Condition	Dosage	Frequency

Share special instructions here

Has your pet had his / her medication today? Yes ☐ No ☐ N/A ☐

Has your pet been treated with flea/tick medication within the last 30 days? Yes ☐ No ☐ Most recent treatment: _____

Please indicate the last vaccination date for the vaccinations listed below:
Annual booster _____ / _____ / _____ Rabies _____ / _____ / _____ Bordatella _____ / _____ / _____

Feeding Instructions

Is your pet currently on a special diet? Yes ☐ No ☐ If YES, please describe. _____

Food source: ☐ Kennel Supply ☐ Own Supply (specify brand & size): _____

Cups per meal: _____ Daily feed frequency: ☐ Once/day ☐ Twice/day ☐ 3 times/day ☐ Other _____

Eating habits: ☐ Eats all food right away ☐ Eats throughout the day ☐ Other _____

Behavioral Information

Does your pet have any phobias (e.g. thunderstorms) Yes ☐ No ☐ If YES, please describe. _____

Does your pet get along well with other animals? Yes ☐ No ☐ If NO, please explain. _____

Additional Information

Please provide any additional information or instructions in the box below.