

Bone Voyage Inc. - Veterinary Form

For the health and safety of all animals coming to Bone Voyage, please fill out this veterinary form as accurately as possible.

Service: Boarding Daycare Training

Owner's Information

Name _____ Address _____

Home Phone _____ Cell Phone _____

Pet's Information

Name _____ Gender: Male Female

Breed _____ Status: Fertile Spayed/Neutered

Age (years/months) _____

Parasite Control Program (circle where appropriate)

External yes no frequency _____

Internal yes no frequency _____

Last stool sample (**must be within the last 6 months**)

positive negative date _____

Vaccination Program (list dates of last vaccination)

Bordetella (**must be within the last 6 months**) _____

Distemper-Parvo _____

Rabies _____

General Screening Program (Describe condition if not excellent)

Skin	Excellent	Fair	Poor	_____
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Teeth/Gums	Excellent	Fair	Poor	_____
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Hips/Joints	Excellent	Fair	Poor	_____
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Vision	Excellent	Fair	Poor	_____
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Hearing	Excellent	Fair	Poor	_____
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Overall	Excellent	Fair	Poor	_____
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Additional Comments

Veterinarian's Information

Name _____ Clinic _____

Phone _____ Address _____

In my opinion, as a veterinarian licensed in the state of North Carolina, the animal described on this form is of sufficient health and temperament to make use of Bone Voyage's services be it boarding, daycare or training.

Veterinarian's Signature _____

Thank you for your help in ensuring a safe and secure environment for all pets in our care.