



## Boarding Stability Assessment

*This form must be completed by a veterinarian or staff assigned by vet.*

Veterinarian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Is pet stable enough to board? \_\_\_\_ Yes \_\_\_\_ No

Are there any pre-existing conditions that we need to know about in order to ensure the pet has a safe and comfortable boarding stay? \_\_\_\_ Yes \_\_\_\_ No

If yes please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does this pet require any special medication or handling? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will medications cause any side effects that we should be aware of? (Example: excessive drinking or urination, lack of appetite, etc.) Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Should there be any limits to the pet's stay? Yes \_\_\_\_ No \_\_\_\_ \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_