

CIVANO ANIMAL HOSPITAL  
AND EMERGENCY CENTER

SMALL ANIMAL - LARGE ANIMAL - EXOTICS



10425 E Drexel Road  
Tucson, AZ 85747

## BOARDING INTAKE FORM

**Client Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Patient Name:** \_\_\_\_\_  
**Species:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Color:** \_\_\_\_\_

**Patient Age:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

Name: \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: F FS M MN Breed: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**Temper:**

Overall Friendly      Dog Aggressive      Food Aggressive      People Aggressive

**Vaccine Status:** (All Vaccines need to be administered at least 72hrs PRIOR to arrival.) PUT DATE LAST GIVEN

*K9s:* Rabies: \_\_\_\_\_ DHPP: \_\_\_\_\_ Bordetella: \_\_\_\_\_

Flu: \_\_\_\_\_ Lepto: \_\_\_\_\_

*Felines:* Rabies: \_\_\_\_\_ FVRCP: \_\_\_\_\_

**Daily Care:**

Hospital Food      Own Food      Own Treats

Feeding Instructions: \_\_\_\_\_

**Medications?**      Yes      No

If Yes:

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Times: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Times: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Times: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Times: \_\_\_\_\_

**Any Pre-Existing Medical Conditions?**      Yes      No

If Yes, Please Explain... \_\_\_\_\_

**Additional Requests:**

Nail trim      Bath

**Pt Belongings:**

---

---

---

- All animals must be free of external parasites or they will be treated at owner's expense.
- Civano Animal Hospital has my permission to do whatever is necessary should an emergency arise.
- If a tranquilizer is necessary for treatment or handling, Civano Animal Hospital has my permission to administer such medication.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physical Exam:** (For Official Use Only)

<i>Vitals at Check-In:</i>	Temp: _____	Pulse: _____	Resp: _____	Weight: _____
<i>Attitude:</i>	BAR	QAR		Other: _____
<i>Coat:</i>	Clean	Dirty	Matts	Other: _____
<i>Skin:</i>	Clean	Sores	Dry	Other: _____
<i>Eyes:</i>	Normal	Cloudy	Drainage	Other: _____
<i>Nose:</i>	Wet	Dry/Cracked	Discharge	Other: _____
<i>Ears:</i>	Clean	Dirty	Red	Other: _____
<i>Abdomen:</i>	Normal	Distended	Hard	Other: _____
<i>Paws:</i>	Normal	Cracked/Dry	Matts	Other: _____
<i>Gums:</i>	Pink	Red	Bloody	Other: _____
<i>Teeth:</i>	White	Tartar Mass	Loose	Other: _____

**Technician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_