

BOARD & TRAIN DOGS

For Our Receptionists to complete with you:

EXAM DUE?	Yes	No
(Do they need Bordetella?)	Yes	No
VACCINES DUE?	Yes	No
HEARTWORM CHECK DUE?	Yes	No
HEARTGARD or IVERHART?	Yes #_	No
FRONTLINE?	Yes #_	No

To complete in advance of appointment:

DIET: _____

MEDS: _____

PROBLEMS: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT _____

REGULAR VETERINARIAN _____

**BRIEF OVERVIEW OF MAIN PROBLEMS TO BE WORKED
ON** _____

(CHECK ONE BELOW)

___ If I am unable to be reached at the above number, I authorize Country View to do whatever diagnostics or tests that are recommended for the health of my animal. (urinalysis, bloodwork, radiographs, aspirates of lumps, etc.)

___ If I am unable to be reached at the above number, I authorize Country View to do diagnostics or tests only up to the following amount (check one):

___ \$50, ___ \$100, ___ \$200+

___ If I am unable to be reached at the above number, I authorize NO extra services to be performed. (BY CHOOSING THIS OPTION, I UNDERSTAND I MAY NEED AN ADDITIONAL APPOINTMENT AT A DIFFERENT TIME IF PROBLEMS OR HEALTH ISSUES ARE DISCOVERED TODAY)

By signing below I'm authorizing my dog to take part in the Board and Train program at Country View Veterinary Service. I understand that this means my dog may be taken off Country View property depending on his/her individual training needs.

*****SIGNATURE OF OWNER_____**

*****DATE_____**