

PET NAME: _____

APPROXIMATE WEIGHT?: _____ **WHAT AGE WAS PET OBTAINED:** _____

OBTAINED FROM: BREEDER RESCUE / SHELTER FAMILY / FRIEND OTHER: _____

DO YOU USE A REGULAR FLEA/TICK PREVENTATIVE ON YOUR PET? YES NO

ANY HISTORY OF MEDICAL CONDITIONS? <i>CHECK ALL THAT APPLY</i>	IF YES, PLEASE DESCRIBE:	ANY HISTORY OF MEDICAL CONDITIONS? <i>CHECK ALL THAT APPLY</i>	IF YES, PLEASE DESCRIBE:
Heart Condition		Ear Infections	
Thyroid Disease		Eye Infections	
Allergies		Cancer	
Seizures <i>(Describe frequency, severity, cause, behaviors to look for, etc.)</i>		Skin Issues <i>(itchy, flaky, hot spots, etc.)</i>	
Respiratory Issues <i>(coughing, wheezing, sneezing)</i>		Physical Limitations <i>(arthritis, missing limb, blind, deaf, etc.)</i>	
Bloat		Other	

COMMON BOARDING AILMENTS	WHISKERS STANDARD PROTOCOL	INITIAL IF YOU AGREE TO WHISKERS STANDARD PROTOCOL
Diarrhea	Less than 2 episodes, monitor for 24 hours and then contact Owner if it continues. We have Pepto-Bismol, Rice, and Broth on hand.	
Vomiting	Less than 2 episodes, monitor for 24 hours and then contact Owner if it continues.	
Hot Spots	Contact Owner when noticed. Clean area and apply Skin Works.	
Lack of Appetite	Add water to provided food. Monitor for 48 hours, contact Owner if it continues. We have canned food, rice, and broth on hand.	

OWNER SIGNATURE: _____ **DATE:** ___ / ___ / ___