

HILO HOLIDAY  
PET HOTEL

Veterinary Clearance

Name of Pet. \_\_\_\_\_ Name of Owner \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

Spayed/Neutered \_\_\_\_\_ Scars/Markings/Tattoos, etc. \_\_\_\_\_

Dates of Vaccinations \_\_\_\_\_ (Bordetella mandatory)

Current Vaccines (including heartworm) \_\_\_\_\_

ANY medical conditions or history that The Pet Hotel should be aware of? \_\_\_\_\_

Symptoms \_\_\_\_\_

IF this is an older pet, does health permit **boarding?**-----

Special medications \_\_\_\_\_ Administered \_\_\_\_\_

ANNUAL HEARTWORM SCREENING? Date of screening \_\_\_\_\_ Results \_\_\_\_\_

INTERNAL PARASITE SCREENING? Date of screening \_\_\_\_\_ Results \_\_\_\_\_

**\*\*\*\*\*NEGATIVE RESULTS ARE MANDATORY FOR ENTRY\*\*\*\*\***

Additional comments \_\_\_\_\_

I, \_\_\_\_\_ DVM, of \_\_\_\_\_ find \_\_\_\_\_ to be in good health and current with all vaccinations including Bordetella, free of heartworms and internal parasites. He/She has no medical problems that would prevent boarding with Hilo Holiday Pet Hotel or any condition that would threaten other kennel-mates to the best of my medical knowledge.

\_\_\_\_\_ DVM Date \_\_\_\_\_

Should an emergency occur, the owner has made arrangements with this office to assume the financial responsibility of any and all expenses. Owner has authorized Hilo Holiday Pet Hotel to act in their behalf and contact this pet clinic and veterinarian in the event their pet requires emergency care and treatment.

Owner \_\_\_\_\_ Date \_\_\_\_\_