

# Boarding Illness Exam

The Inn at Old Derby  
Old Derby Animal Hospital  
40 Recreation Park Drive  
Hingham, MA 02043

Client's name: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Breed: \_\_\_\_\_

When will this pet be checking out? \_\_\_\_\_

Please provide the doctor with your e-mail so they can send you a written report of exam findings:

**E-mail:** \_\_\_\_\_ **Whose e-mail is this?** \_\_\_\_\_

If you do not have e-mail, please provide a phone number to contact you.

**Phone:** \_\_\_\_\_ **Whose number is this?** \_\_\_\_\_

When was your pet's last meal? \_\_\_\_\_

What did he/she eat? \_\_\_\_\_

Does your pet have any food or medication allergies? **No** **Yes**

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

Have you given your pet any medications in the last 24 hours? **No** **Yes** If yes, please list:

Name of Medication	Amount given?	How often?
_____	_____	_____
_____	_____	_____

Please describe the problem your pet is having, pertinent history leading up to the current condition and any previous major medical problems below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like us to?

\_\_\_ Treat your pet after examination.

\_\_\_ Contact you with the findings of the examination and an estimate of treatment cost prior to treating your pet. **Please be sure we are able to contact you if you chose this option.**

In admitting my pet for diagnostics, treatment or surgery, I authorize the veterinarians of Old Derby Animal Hospital and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If you have not heard the results of this exam within 48 hours of returning home, please contact us at **781-749-2800**.