

Five Oaks Animal Hospital

1991 NC Hwy 11/55 South
Kinston, NC 28504

Welcome!

Thanks for trusting us with your companion! It is our mission to see that each animal boarded with us have all of the comforts of home. Please take a little time to fill out this information sheet. This enables us to provide adequate records that are required by the state of North Carolina...not to mention helps us serve you better!

Name _____
Last First Middle Initial

Address _____
P.O. Box or Street Address City State

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact _____ Emergency Contact Phone _____

Pet's name _____ Age _____ ID _____

Sex (Please Circle) Male Neutered Male Female Spayed Female

Breed _____ Color _____

Who is your current veterinarian? _____

**We require all animals being boarded to be current on all vaccinations for the protection of your pet and all others here at the facility. These vaccinations include the following: Rabies, DHLPP/FVRCP, and Bordatella (dogs only). Pets that have fleas and ticks will also be treated the day of drop off at the owner's expense. Please verify current vaccination dates below:

Rabies _____ DHLPP/FVRCP Date _____ Bordatella Date _____

Does your pet have any special needs? Yes No If yes, please explain _____

Is your pet on any medications? Yes No If yes, please state medication name and what it is given for _____

What type of food is your pet used to? Dry only Canned only Combination of both

Any special diet or diet restrictions we should know about? Yes No If yes, please explain _____

Client Signature _____ Date _____ Time _____

Would you like for your pet to receive any of the following? Bath Grooming Nail Trim Anal Gland Expression