

Vet Clearance Form

Animal Name:

Age:

Breed:

Owner Name:

Dates of Stay:

INFORMATION FOR VET AT TIME OF CONSULT

Please be aware when completing our Vet Clearance Form, Beau's Pet Hotel is not staffed 24/7 and we do not have veterinary staff on site.

Summary of relevant medical history:

Existing medical conditions (If heart murmur present, please grade. If epileptic, how frequent are the seizures and when was the last):

Body Condition Score: ____/5

Pet Weight: _____

Current Medication (If any):

| Medication | Dose | Frequency |
|------------|------|-----------|
| | | |
| | | |
| | | |
| | | |

I(Veterinarian)

of.....(Veterinary Clinic and phone

number) believe that(Pet Name)

- IS in sufficient health and fit to board at Beau's Pet Hotel.
- IS NOT in sufficient health and is not fit to board at Beau's Pet Hotel.

Signature: Date Pet Seen:

ATTN OWNERS: Please be aware that this form is still required to be approved by staff at Beau's Pet Hotel.