

Lakeland Veterinary Hospital Boarding Check In Form

Client ID: _____ Init: _____

Vaccines:

Current

Due: _____

Owner: _____ Check In: _____ Check Out: _____

Pet(s) Boarding: _____ Approximate Go Home Time: _____

DIET:

I do not have a diet preference. Please feed my pet the regular maintenance diet.

I have brought food for my pet(s).

Feeding instructions: Quantity _____ cup(s) _____ times daily AM Noon PM

Other instructions: _____

MEDICATIONS: See Boarding Profile for additional fees. ****ADDITIONAL FORM REQUIRED****

My pet is not on any medications

My pet is on medications. Pet's Name(s): _____

VACCINATION HISTORY: ****ADDITIONAL FORM REQUIRED****

My pet(s) is/are due for vaccinations. Pet's Name(s): _____

BELONGINGS: We are not responsible for lost, damaged or soiled items and encourage you to leave things of value at home

Bedding _____ Toy _____

Cat Carrier _____ Other _____

NON-MEDICAL SERVICES:

Nail Trim (\$12.85) Professional Grooming (by appointment) – Date & Groomer: _____

Additional Walk x _____ (\$3.00/each) Complimentary bath with 5-night minimum stay

MEDICAL SERVICES (Performed by DVM): ****ADDITIONAL FORM REQUIRED****

Wellness Exam (+ / - vaccines) _____ Labwork: _____

Anesthetic Procedure Other: _____

Exam, illness or injury _____ is scheduled with _____ for _____ on _____ .

Intestinal Parasite Exam (Pet's Name) (Doctor) (Reason) (Date)

IMPORTANT PET CARE INFORMATION:

Please list any information regarding your pet(s) that is important for us to know for their day-to-day care, such as medical conditions, physical limitations, behavior/aggression problems, etc. (additional fees may apply for special needs and/or aggressive pets, to be determined on a case by case basis):

CONTACT INFORMATION: If any information is different from the Boarding Profile for this visit, please note below

1. Name: _____ Phone#: _____ home cell work other

2. Name: _____ Phone#: _____ home cell work other

I can be contacted by email: _____

Local emergency contact name (optional): _____ Phone: _____

Is this person authorized to make medical decisions for your pet(s)? Yes No

I verify that all information on the Boarding Profile & Release form is current and correct.

Owner's Signature

Date