

Lewisburg Animal Hospital Boarding Profile

Owner _____ Patient _____ Date In _____ Date Out _____

Emergency Contact/Phone _____

Medical Conditions _____

>**Boarding Requirements:** All pets staying at Lewisburg Animal Hospital must be free of external and internal parasites. Any pets found to have parasites will be immediately treated with an anti-parasitic medication at additional expense to the owner. For the safety of your pet and our staff, **current vaccinations** (rabies, distemper, bordetella for dogs/ rabies and distemper for cats) and an **annual fecal exam** are needed to board. If my pet is not current **or** current records are unavailable, I understand that these vaccines or tests will be performed today, at an additional expense to me.

>Treatments needed while boarding: Vaccines [] Nail Trim [] Preventative Care Exam+Fecal [] Fecal Exam []
List anything additional your pet needs while staying with us _____

> Time of Pick-up: Before 12 noon [] After 12 noon []

>If you would like your pet bathed please plan on picking up after 2:00 pm to allow for drying. (5 nights or more of boarding gets a complimentary bath). Bath: Yes [] No []

>All leashes and collars should be removed. We provide bedding and food dishes for all pets so they are comfortable during their stay. **Please note that we are not responsible for personal items that are lost or damaged while boarding.**
Description of Items Brought _____

>**Instructions for Taking Care of Your Pet:** (Check one) Feed LAH food [] or food from home [] during boarding.
Feed _____ cup(s) of food _____ times a day. Type of food /treats brought _____
Additional Instructions: _____

Name of Medications to be given:

Directions:

Last Given:

If my pet becomes ill or an emergency arises, I authorize Lewisburg Animal Hospital to treat my pet as medically necessary for the health and comfort of my pet. If **yes**, I understand every attempt will be made to contact me; however, services will not be withheld if I am unreachable. I will be financially responsible for all services rendered. If **no**, treatments will be withheld from my pet until permission to treat is given by me.

Yes [] **Treat my pet as deemed necessary by the doctor.**

No [] **Do Not treat my pet until prior permission is obtained from me.**

Owner Release: I have read the above conditions, understand and agree to them.

Owner Signature

Date

For Employee Use:

Wt. on Arrival _____ Wt. on Departure _____ Fleas Y N Ticks Y N Treated: Y N Collar Removed: []

All items are labeled with pets name and/or directions and put in the appropriate place(s) Yes [] No Items Brought []

Bath Yes [] No [] Complimentary [] Paid [] Date of Bath _____ Cage card Completed [] Chart Filled Out []

Employee Signature

Date

ID Collar Applied []