

LAKE FOREST ANIMAL CLINIC- BOARDING

CLIENT: _____ CHECKIN DATE: _____ **RELEASE DATE:** _____

EMERGENCY CONTACT INFORMATION

OWNER NAME: _____ **PHONE NUMBER:** _____

PHONE NUMBER YOU CAN BE REACHED AT: _____

PATIENT: _____
DO YOU WANT YOUR PET TO HAVE A BATH AT END OF STAY? YES NO

FEEDING INSTRUCTIONS:	<input type="checkbox"/> LAKE FOREST ANIMAL CLINIC PROVIDES HILLS ADULT MAINTENANCE (SENSITIVE STOMACH) DRY FOOD FOR DOGS/CATS <input type="checkbox"/> OWNER PROVIDED: NAME: _____ # OF MEALS/DAY <input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE AMOUNT FED PER MEAL: (CANS/ CUPS) _____ <input type="checkbox"/> ADDITIONAL INSTRUCTIONS: _____
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MEDICATION ADMINISTERED:	DRUG NAME: _____ INSTRUCTIONS: _____ DRUG NAME: _____ INSTRUCTIONS: _____ DRUG NAME: _____ INSTRUCTIONS: _____
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BOARDER BELONGINGS:	<input type="checkbox"/> LEASH <input type="checkbox"/> COLLAR <input type="checkbox"/> CARRIER <input type="checkbox"/> BEDDING: _____ <input type="checkbox"/> TOYS: _____ <input type="checkbox"/> OTHER: _____
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CURRENT KNOWN MEDICAL PROBLEMS: _____

PATIENT: _____
DO YOU WANT YOUR PET TO HAVE A BATH AT END OF STAY? YES NO

FEEDING INSTRUCTIONS:	<input type="checkbox"/> LAKE FOREST ANIMAL CLINIC PROVIDES HILLS ADULT MAINTENANCE (SENSITIVE STOMACH) DRY FOOD FOR DOGS/CATS <input type="checkbox"/> OWNER PROVIDED: NAME: _____ # OF MEALS/DAY <input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE AMOUNT FED PER MEAL: (CANS/ CUPS) _____ <input type="checkbox"/> ADDITIONAL INSTRUCTIONS: _____
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