

LAKE FOREST ANIMAL CLINIC- BOARDING

CLIENT: _____ CHECKIN DATE: _____ RELEASE DATE: _____

EMERGENCY CONTACT INFORMATION

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:

LAKE FOREST ANIMAL CLINIC PROVIDES HILLS ADULT MAINTENANCE (SENSITIVE STOMACH) DRY FOOD FOR DOGS/CATS

OWNER PROVIDED:

NAME: _____ # OF MEALS/DAY ONE TWO THREE

AMOUNT FED PER MEAL: (CANS/ CUPS) _____

ADDITIONAL INSTRUCTIONS: _____

MEDICATION
ADMINISTERED:

DRUG NAME: _____ INSTRUCTIONS: _____

DRUG NAME: _____ INSTRUCTIONS: _____

DRUG NAME: _____ INSTRUCTIONS: _____

BOARDER
BELONGINGS:

LEASH COLLAR CARRIER BEDDING: _____

TOYS: _____ OTHER: _____

CURRENT KNOWN MEDICAL PROBLEMS: _____

PATIENT: _____

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

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BOARDER
BELONGINGS:

LEASH COLLAR CARRIER BEDDING: _____

TOYS: _____ OTHER: _____

CURRENT KNOWN MEDICAL PROBLEMS: _____

LAKE FOREST ANIMAL CLINIC - Boarding Authorization Sheet

Pick-up Times: Boarders are released **ONLY** during our normal office hours. We will **NOT** release a pet before or after our normal office hours or on days when we are closed (i.e. Sundays & Holidays). If you have requested to have your pet bathed at the end of their stay, please pick your pet up after 3pm to allow for adequate drying time. PLEASE INITIAL HERE INDICATING THAT YOU UNDERSTAND OUR PICKUP TIMES:

Vaccination/ Fecal Testing / Parasite Control Requirement: For your pet's protection, proof of current vaccination and a current result of a **NEGATIVE** fecal in the past 12 months is required at the time you drop-off your pet. It is the policy of Lake Forest Animal Clinic that all dogs boarding with us be current on their rabies, distemper, parvo, & bordetella vaccinations and that all cats be current on their FVRCP & rabies vaccinations. If this information is not provided at the time you drop-off your pet, your pet will be vaccinated immediately following a complete physical examination by one of our veterinarians at an additional cost to you. All **NEGATIVE** fecal results must be provided prior to admission. In order to maintain a flea-free environment for all of our guests, all pets that arrive for boarding are inspected for evidence of flea infestation. If your pet is found to have fleas, it will be treated at your expense with Capstar. If you recently applied prescription flea control to your pet, please indicate below:

Name of product applied: _____ Date of application: _____ (Please note: if your pet has live fleas, additional flea control will be administered at your expense, regardless of when recent product was applied) PLEASE INITIAL HERE INDICATING THAT YOU UNDERSTAND OUR VACCINATION/FECAL/PARASITE CONTROL REQUIREMENT:

Boarder Belongings: Boarding guests are welcome to bring toys or blankets. Although we make every effort to care for these items, Lake Forest Animal Clinic cannot be held responsible for any belongings that are lost or damaged. We provide clean, comfortable bedding and toys for our boarding guests. PLEASE INITIAL HERE INDICATING THAT YOU UNDERSTAND OUR BELONGINGS REQUIREMENT:

Bath: If you wish to have your pet bathed at the end of their stay, additional charges will apply. To ensure your pet is dry at the time of pick-up we will require that you pick your pet up after 3pm. PLEASE INITIAL HERE INDICATING THAT YOU UNDERSTAND THE BATH PICKUP INSTRUCTIONS:

Additional Services Request: Please note if you would like any additional services for your pet while staying with us. Please note that these services are provided at additional cost.
• Nail Trim • Microchip ID • Heartworm test • Physical Exam • Other:

BOARDING AUTHORIZATION:

I am the owner or agent for _____ and I have the authority to execute this consent. I authorize the veterinary staff at Lake Forest Animal Clinic to treat my pet if it should become ill while boarding until I can be reached and to do whatever is necessary, should an emergency situation arise. I understand that medical supervision is available during normal office hours. I have read and I understand the policies stated above and understand that payment is due at the time of pick-up.

PATIENT: _____

Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff **has** _____ **does not have** _____ (check one) my permission to provide such treatment and I agree to pay for such services.

PATIENT: _____

Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff **has** _____ **does not have** _____ (check one) my permission to provide such treatment and I agree to pay for such services.

Signature (Owner/Agent): _____ Date: _____