

Lancaster Animal Clinic Boarding Admission Form

WELCOME TO LANCASTER ANIMAL CLINIC. WE STRIVE TO MAKE YOUR PET'S STAY AS COMFORTABLE AND SAFE AS POSSIBLE. ALL PETS ARE EXAMINED BY A VETERINARIAN PRIOR TO ADMISSION. THE FOLLOWING INFORMATION IS VERY IMPORTANT SO WE CAN MEET YOUR PET'S INDIVIDUAL NEEDS.

Owner: _____ Date: _____

Phone Home: _____ Work: _____ Emergency #: _____

Pet's Name: _____ Breed: _____ Color: _____

List any special health or behavioral problems we should be aware of:

Medications: _____ Directions: _____

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Brand of Food: _____ Amount to be fed each meal: _____

How often does your pet eat? Once daily Twice daily Free Choice

In order to avoid digestive upset we **recommend that you bring the food** your pet is used to eating. If you do not provide any food we will feed dogs Science Diet and cats Purina Cat Chow.

List all personal possessions you brought with your pet. (Please limit toys to one only.)

ESTIMATE OF CHARGES

BOARDING: Date In: _____ Date Out: _____ AM or PM Total days: _____

(There is no charge for the pick-up day if pet goes home before noon.)

Board Rate: _____ X total days _____ = Boarding Cost: _____

Pets with special needs will be charged _____ extra per day.

VACCINATIONS: For your pet's protection, all animals must be examined by our veterinarian, be current on vaccinations, and be free of parasites such as fleas and ticks.

CANINE	PRICE	CURRENT	NEEDS
Physical Exam			
Distemper Combo			
Corona			
Bordetella			
Rabies			
Bath/Grooming			
Flea Treatment			
Other			
Board Fee			
Est. Total			

FELINE	PRICE	CURRENT	NEEDS
Physical Exam			
Distemper Combo			
Leukemia (Felv)			
Rabies			
Flea Treatment			
Other			
Board Fee			
Est. Total			

Payment is required upon release of your pet. *No exceptions.*

Pets are released only during regular clinic hours. If you do not notify us and neglect to pick up your pet within five (5) days of the above date we will assume the pet is abandoned. The Clinic may handle this abandonment in the best interests of the clinic and the animal. I authorize Lancaster Animal Clinic to do whatever is necessary should an emergency arise.

Signed: _____