

Lancaster Animal Clinic Boarding Pet Boarding

BOARDING INFORMATION VACCINES CURRENT? Y / N VACCINES DUE: _____

Pet Name:		Breed:		Age:	
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Owner Name:	Contact PH:
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Emergency Contact Authorized to make decisions regarding your pets care while boarding. Y / N

ER Contact Name:	ER Phone #:
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Arrival Date:		Arrival Time:	Departure Date:		Departure Time:	RUN: <input type="checkbox"/>	DOG WARD: <input type="checkbox"/>
		AM/PM			AM/PM	ISO: <input type="checkbox"/>	CAT WARD: <input type="checkbox"/>

MEDICATION: NO MEDS Next time medication is needed? NOW / AM / PM / Tomorrow

IF MEDICATION INSTRUCTIONS GIVEN ARE DIFFERENT THAN PREVIOUSLY PRESCRIBED, A DOCTOR MUST BE CONSULTED PRIOR TO ADMINISTRATION

Medication Name:	Dosage:	Instructions:
1		
2		
3		
4		
5		

HOW TO ADMINISTER MEDICATION: PILL POCKET PEANUT BUTTER PILL MANUALLY

DIRECTLY INTO FOOD HIDE IN CANNED FOOD OTHER _____

Health Concerns/Special Needs:

FEEDING INSTRUCTIONS: When does your pet need to eat next? _____

Owner Provided Food / Brand:

L.A.C. Food : Hill's Science Diet / Royal Canin

How Much: Once Daily AM / PM Twice Daily Free Feed

Other Feeding Instructions:

DOES YOUR PET HAVE ANY FOOD ALLERGIES?: Y / N CAN YOUR PET HAVE TREATS / PEANUT BUTTER? Y / N

BELONGINGS: Please list detailed descriptions of personal belongings or mark N/A

Toys:

Food/Treats:

Medication:

Leash / Collar / Harness:

My Pet CAN / CANNOT have blankets/beddings/towels - If so, please list what you have brought:

Other:

CLINIC USE ONLY:	PATIENT WEIGHT:	FLEA/TICK CHECK: <input type="checkbox"/>	BIN # :	TECH INITIALS: /
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ESTIMATE OF CHARGES:

CHARGES COULD VARY IF YOUR PET HAS SPECIAL NEEDS , REQUIRES MEDICATION , OR BECOMES ILL DURING THEIR STAY.

BOARDING FEE: \$ _____ X _____ DAYS = \$ _____

Boarding fees begin on the day the pet is checked in. If your pet is picked up before noon on the day of departure, there is no charge for that day.

ADDITIONAL SERVICES:

VACCINES:	Rabies _____	DHPP _____	LEPTO _____	LYME _____	FLU _____	BORD _____	TOTAL COST FOR ADDITIONAL SERVICES: \$ _____
	FVRCP _____ FELV _____						

GROOMING SERVICES:

SCHEDULED GROOMING APPOINTMENT:	Date: _____	\$ _____	TOE NAIL TRIM: _____	\$ _____	ANAL GLAND EXPRESSION _____	\$ _____
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OTHER SERVICES:

TOTAL \$: _____

MEDICATION ADMINISTRATION FEE'S:

MEDICATION ADMINISTRATION LEVEL 1: \$3.00 PER DAY FOR ORAL / TOPICAL MEDICATIONS: HOW MANY DAYS: _____	TOTAL \$: _____
MEDICATION ADMINISTRATION LEVEL 2: \$5.00 PER DAY FOR INSULIN ADMINISTRATION BID: HOW MANY DAYS: _____	TOTAL \$: _____
MEDICATION ADMINISTRATION LEVEL 3: _____	TOTAL \$: _____
SPECIAL PATIENT HANDLING: _____	TOTAL \$: _____

BOARDING REQUIREMENTS/AGREEMENT:

* All pets must be current on vaccinations and have had an annual physical exam by a veterinarian from Lancaster Animal Clinic.

IF YOU ARE UNABLE TO PROVIDE PROOF OF THESE SERVICES, THESE SERVICES WILL BE PERFORMED AT THE OWNERS EXPENSE.

* All pets with symptoms of diarrhea must first be tested for Giardia prior to drop off. If negative, treatment for diarrhea will be administered at owners expense. If positive for Giardia the patient can NOT be dropped off for boarding.

*If medication directions are different than previously prescribed, a doctor must be consulted prior to administering any medication.

* All pets must be free of external parasites such as fleas, ticks or lice. If your pet is found to have any infestation, they will be treated at the owner's expense.

* Lancaster Animal Clinic is not responsible for lost or damaged items brought in with your pet(s).

Payment is required at the time of release of pet(s). Pets are released only during regular hours of business. If you neglect to pick up your pet after 5 days from the scheduled pick-up date, the pet may be considered abandoned. Abandonment procedures will be implemented.

I agree to the all fees and requirements as described above. I authorize Lancaster Animal Clinic to treat my pet(s) as medically necessary for the well-being of my pet(s) even if attempts to contact me prior to treatment have failed. I agree to pay any fees incurred.

Signature: _____ Date: _____

In the event that someone other than yourself is picking up your pet(s), please list their name and phone number below:

Name: _____ Phone Number: _____