



LakeCross Veterinary Hospital
BOARDING ADMISSION FORM

Admission Date:	Date of Pickup:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Special Pickup Arrangements?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Emergency Contact (if other than owner):		Emergency Contact Phone:				
	CLIENT INFORMATION				PATIENT INFORMATION	
Client:				Name:		
Address:				Species/Breed:		
				Date of Birth:		
Phone:				Sex:		
Email:				Current Weight:		

BOARDING INFORMATION			
Pet's Diet:		Amount:	
Is your pet on heartworm prevention?	<input type="checkbox"/> Y <input type="checkbox"/> N	Flea prevention?	<input type="checkbox"/> Y <input type="checkbox"/> N
Are medications to be administered?	<input type="checkbox"/> Y <input type="checkbox"/> N	Any pet with fleas will be treated at owner's expense	
Medication #1:		Dosage/Frequency:	
Medication #2:		Dosage/Frequency:	
Medication #3:		Dosage/Frequency:	
Medication #4:		Dosage/Frequency:	
Would you like your pet bathed?	<input type="checkbox"/> Y <input type="checkbox"/> N	Please select:	<input type="checkbox"/> Scented <input type="checkbox"/> Unscented
Additional services requested:			

AUTHORIZATION FOR BOARDING RELEASE AND MEDICAL TREATMENT

I hereby grant LakeCross Veterinary permission to use photos/video containing my pet(s) for educational, promotion and/or advertising purposes.

 Owner/Agent initials

I hereby grant LakeCross Veterinary Hospital supervision of my pet for the period of time described above. I authorize the doctors and staff of LakeCross Veterinary Hospital to examine and/or treat my pets in the event he/she becomes ill while under the supervision of the hospital. I accept financial responsibility for any charges that are incurred during the treatment of my pet. I also understand and agree to the policy of LakeCross Veterinary Hospital that all animals are current on necessary vaccinations and are free from internal and external parasites, including fleas and ticks. If my pet is found to have fleas, I understand that he/she will be treated with an Advantage or Capstar product as directed by a veterinarian and that I will assume the cost of the product.

 Owner/Agent signature

 Date