

Boarding Policies and Information sheet

Client Name: _____ Pet Name: _____
Drop off date: _____ Anticipated pick up date: _____

For your convenience we can also perform the following procedures during your pet's stay.

- | | | |
|--|---|--|
| <input type="checkbox"/> Vaccines due in the next 2 months | <input type="checkbox"/> Bath (includes nail trim & ear cleaning) | <input type="checkbox"/> Implant HomeAgain Microchip |
| <input type="checkbox"/> Physical Exam | <input type="checkbox"/> Nail Trim | <input type="checkbox"/> FELV/FIV Test (cats) |
| <input type="checkbox"/> Fecal Exam (Stool Sample) | <input type="checkbox"/> Clean Ears | <input type="checkbox"/> Heartworm Test (Dogs) |
| <input type="checkbox"/> Treat for Fleas/Ticks (Topical or Oral) | <input type="checkbox"/> Check Anal Glands | <input type="checkbox"/> Other: _____ |

**The following information regarding your pet is very important for us to know.
PLEASE FILL THIS OUT COMPLETELY**

Emergencies:

Owner's phone number while away: _____
Name of friend, relative, etc.: _____ Phone Number: _____

Every attempt will be made to reach the above listed individuals prior to initiation of emergency care.

Food and Medications:

Did you bring your pet's own food? Yes No If yes, is this a prescription/special diet? Yes No
Has your pet been fed today? Yes No
How often do you feed your pet? _____
How much do you feed your pet at each feeding? _____

Is your pet on any medications? Yes No

If yes, please list all medications below (ALL MEDICATION SHOULD BE LEFT WITH THE PET AT THE TIME OF BOARDING):

Drug: _____	Times Per Day: _____	Last Given: _____
Drug: _____	Times Per Day: _____	Last Given: _____
Drug: _____	Times Per Day: _____	Last Given: _____
Drug: _____	Times Per Day: _____	Last Given: _____

If your pet is taking more than 4 medications, please ask a receptionist for assistance.

Personal Property:

Please list and label all carriers, towels, toys, food, medications, etc. that you brought: _____

Laurel Stone Veterinary Hospital is not responsible for any lost or damaged items

Client Agreement:

I understand the boarding requirements stated above. I give permission to Laurel Stone Veterinary Hospital to perform any vaccinations that are currently overdue and/or collect a stool sample for a fecal exam if a negative fecal exam has not been recorded in the last 12 months. If parasites are found, I give permission to Laurel Stone Veterinary Hospital to administer treatment. If the need for emergency care or medical care arises, I give permission for such care to be administered as deemed necessary by the on-duty veterinarian at Laurel Stone Veterinary Hospital at my expense.

If my pet is found to have fleas, ticks and/or parasites, or if my pet becomes soiled while boarding, he/she may receive a bath, flea/tick treatment, and/or deworming treatment at my expense.

I am aware that clinic hours are 9:00am to 5:00pm weekdays (BY APPOINTMENT ONLY) and 9:00am to 12:00pm on the 1st and 3rd Saturday (BY APPOINTMENTS ONLY). I understand that a doctor is NOT on premises after hours and will NOT be present to treat my pets after hours.

Date: _____ Owner's Signature: _____