

LONE TREE VETERINARY MEDICAL CENTER
Boarding & Medical Boarding Check-in

Owner's Name _____ Pet's Name _____

1. In the last 48 hours has your pet shown any of the following symptoms?

Change in appetite?	Yes	No	Coughing/Sneezing?	Yes	No	Vomiting?	Yes	No
Change in activity level?	Yes	No	Change in water intake?	Yes	No	Diarrhea?	Yes	No
Itching/Scratching?	Yes	No	Change in urine output?	Yes	No	Runny Nose?	Yes	No
						Runny Eyes?	Yes	No

2. Does your pet bite / act aggressive to other pets? Yes No

3. Does your pet bite / act aggressive to people? Yes No

4. Please describe any physical problems your pet has: _____

5. Feed Lodge food? Yes No **Feed pet's own food?** Yes No **Name of food** _____ Dry Wet Both

Circle amount to feed each meal: 1/4 C 1/2 C 1/3 C 3/4 C 1 C 1 1/2 C 2 C 2 1/2 C 3C 3 1/2 C
(based on 8oz. measuring cup) Other _____

Circle time(s) each day to feed: AM PM AM & PM FREE FEED Other _____

6. Is your pet currently taking any medication*? Yes No **If "yes", what?** _____

What condition was this medication prescribed for? _____

How often is this medication(s) given? _____

How many days' medication are you bringing for your pet's stay? _____

** All medication must be in the original prescription bottle/container that has the original prescription label. We cannot refill medications for pets that have not had a physical exam with our veterinarian within the past 12 months*

When was the medication last given prior to check-in? Date _____ Time _____

7. Authorization for release at check-out to individual other than owner? Yes No *Pet may be released at check-out to individual named here (please print):* Release to _____

8. Check-Out Date: _____ **Time of Day** _____

Any pet needing special monitoring, testing, and/or administration of a medication other than a food supplement or vitamins will be placed as a medical boarder and a per day fee for medical boarding will be charged.

If your pet becomes ill while boarding, do you prefer that we provide the appropriate medical care first and then notify you, or that we call your emergency number first for authorization before providing medical care?

CIRCLE ONE: Provide Medical Care First Call First

Please note: Emergencies will always be treated first!

Emergency phone number where you can be reached anytime: _____

Current email address: _____

I acknowledge that the information provided on pages 1 and 2 of this form is accurate and true. I understand that I am responsible for all charges incurred during my pet's stay as stated in the boarding agreement, and that any medical treatment rendered will also be at my expense. I understand that this is a boarding facility and that my pet may not leave as clean as when it entered, and I will not hold this facility responsible for belongings that are left with my pet while boarding. I understand that this is not a 24-hour facility and that my pet will not be monitored or observed during overnight non-business hours. I understand that check-out time is 2:00pm and that if my pet is here past that time, I will be charged for another day's boarding.

Owner's Signature _____ **Date** _____

Additional Service Requests For Boarding Pets

If you would like any additional services for your pet during its stay, INITIAL YOUR SELECTION(S) IN THE SPACE(S) PROVIDED. Please ask our receptionist for specific fees.

SURGICAL PROCEDURES: Must be scheduled at the time you make your pet's boarding reservation. Procedures are provided by our Veterinarians and medical staff. Surgical procedures require pre-surgical blood work and a wellness exam with our veterinarian prior to the surgery.

- Dental Procedure**
 Spay Laparoscopic Traditional
 Neuter
 Other Please describe _____

MEDICAL SERVICES: These services can be requested at the time your pet checks in for boarding.

- Wellness Exam** with our Veterinarian

Vaccinations: Can be renewed only if they are not overdue.

- Canine Vaccinations** -- a wellness exam is required for Rabies & Distemper vaccinations
 Canine Bordetella Vaccination
 Leptospirosis Vaccination -- for 2nd of initial 2 boosters only, *requires approval by our veterinarian*
 Feline Vaccinations -- a wellness exam is required for Rabies & FVRCP vaccinations

Additional Medical Services:

- Heartworm Test**
 Heartworm Preventive
 Microchip
 Anal Gland Expression -- Internal & external areas
 Nail Trim
 Fortiflora® Daily Probiotic Supplement – helps prevent stress-related diarrhea, *one per day*
 Free Dental Screen with our Veterinary Technician
 Other (please write in): _____

GROOMING SERVICES: Grooming services must be scheduled as an appointment. *For best availability, schedule your pet's service when making its boarding reservation.* Provided by our professional groomers.

- Breed Clip** – Bath, dry, clip (scissor/shave), brush, ear cleaning & nail trim - *Fees vary by breed & size*
 Bath and Brush – Bath, dry, brush, ear cleaning & nail trim - *Fees vary by breed & size*
 Anal Gland Expression – External area only - *Ask for fee*

LODGE ADD-ON SERVICES: For dogs only - provided by our Lodge Staff – Ask about availability and fees.

- Pampered Pet** – Two *one-on-one* play-time or walk-time sessions per day
 Lodge Play – Group play for small dogs 20 lbs. or less in Lodge playroom
 Lodge Bath – Shampoo bath & towel dry for **SHORT-HAIRED DOGS ONLY**** -- provided by Lodge staff
*(**length of hair coat must be 1/4" or shorter over entire body)*

BEHAVIOR TRAINING: Provided by our Pet Behavior Specialist – Ask about availability and fees.

- Board & Train** – 30-minute behavior training session – covers basic skills, behavioral issues & special training requests. Can schedule up to two sessions per day on days available.
 Doggie Play Time – 30-minute one-on-one or group play session with other pets and/or staff members. One session per day on days available. Sessions tailored to each individual pet.

Special Instructions: _____