

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? Runny Eyes Yes No
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
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 limitations 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 1/3 C 1/2 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 Other _____

6. Is your pet currently taking any medication*? Yes No If "yes", list medication, condition prescribed for, and how often it is given per day:

(1) _____ (2) _____
(3) _____ (4) _____

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

** All prescription medications, supplements, and treats must be in the original prescription bottle / container / package that has the original prescription / product label. If not provided, we will not administer the medication or product. We will only refill medications for pets that have 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):* Name _____

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 observed or monitored during non-business hours. I understand that daily check-out time is 2:00pm and if my pet is not checked out by 2:00pm on its scheduled check-out day, I will be charged for another day's boarding.

Owner's Signature _____ Date _____

Additional Service Requests for Boarding Pets

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

Owner's Name _____ Pet's Name _____

MEDICAL SERVICES:

Available to all boarding pets. *Separate fees apply.*

- _____ Anal Gland Expression
- _____ Nail Trim
- _____ Fortiflora® Daily Probiotic Supplement – helps prevent stress-related diarrhea, *one per day*
- _____ Free Dental Screen with our veterinary technician

MEDICAL SERVICES:

Available *only* to pets that are current patients at our facility. *Separate fees apply.*

- _____ Physical Exam with our veterinarian
- _____ Heartworm Test
- _____ Heartworm Preventive
- _____ Microchip Implant
- _____ Other (please write in): _____

Vaccinations can be renewed only if not overdue.

- _____ Canine Rabies & Distemper Vaccinations -- a physical exam is required for these vaccinations
- _____ Canine Bordetella Vaccination
- _____ Canine Leptospirosis Vaccination
- _____ Feline Vaccinations -- a physical exam is required for Rabies & FVRCP vaccinations

GROOMING SERVICES: Grooming services must be scheduled as an appointment. Provided by our groomers.

For availability, schedule your pet's service when making its boarding reservation. *Separate fees apply.*

- _____ 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 expression only

LODGE SERVICE: For dogs only - provided by our Lodge Staff. – *Ask for availability. Separate fee applies.*

- _____ 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: Must be scheduled with Behavior Specialist – *Separate fee applies.*

- _____ Board & Train – 30-minute behavior training session – covers basic skills, socialization, behavior issues.

Special Instructions: _____

