Lake City
ANIMAL HOSPITAL

AAHA ACCREDITED

Boarding Check-In Information

Thank you for giving us the opportunity to care for your pet while you are away. To ensure the best care possible, please take the time to fill in this form completely. Thank you!

General Information:

Client Name: _____

Pet(s) Name: _____

Boarding Dates: ____/____/____ until ____/____/____ Pick Up Time: _____ AM / PM

Is your pet sharing a kennel with another pet? **Yes No**

If yes, please list the other pet's name(s): _____

Feeding Instructions:

How often do you feed your pet? Once daily (AM), Once daily (PM), Twice daily or Free Feed

What is the quantity of food given at each feeding (measured in 8oz cups)? _____

Is your pet on a prescription diet? **Yes No** If yes, please list the diet: _____

Did you bring your pet's food? **Yes No**

Is it Ok to feed our hospital kennel food? **Yes No**

Medications:

Does your pet takes daily medications? **Yes No**

Did you bring your pet's medications? **Yes No** There will be an additional fee for administering medications during your pets stay.

Please list all of your pet's medications: _____

_____

Other:

Leash, description: _____ Carrier, description: _____

Collar, description: _____ Toys, description: _____

Bed, description: _____ Blanket, description: _____

Towel, description: _____ Other, be descriptive: _____

Are there any special notes about your pet that we should note on the kennel? ie: dog aggressive, food aggressive, etc.

_____

_____

Will your pet be seeing the veterinarian during his/her stay? If so, for what reason?

_____

_____

Were you interested in any of the following "Extras" for your pet? Please ask a receptionist for individual pricing.

Extra walks and playtime
Bath
Nail Trim
Puppy Day Care
Teeth Brushing