LAKE ANIMAL HOSPITAL CONSENT FOR BOARDING SERVICES

LAST N	AME:	
I AUTHORIZE BOARDING SERVICES FROM THRU		
PET NAME(S):1)		
	2)	
What r Directi	ccinations due? (circle one) YES / NO medication is your pet taking? ons for medications:	
HEIGIN FLEA T (Heartw Please capstar	HORIZE THE FOLLOWING SERVICES AT AN ADD NIC SERVICES: GROOM / BATH / MEDI REATMENTS: CAPSTAR / ADVANTAGE orm and oral flea medications should be given at home to note that if your pet enters the hospital with fleas, it and the charge will be added to your invoice. In sible Emergency Contacts: (Please provide at least on the charge will be added to your invoice.)	CATED BATH / NAIL TRIM lower the likelihood of vomiting.) he/she will automatically be given a
	ne: Phone:	
2) Nam	ne:Phone:	
	**************************************	accinations, which are: ar and Parvo cions or you can not provide proof of ADDED TO YOUR INVOICE. by the stress of boarding WILL BE ICE. ade to contact the owner or responsible esponsible party is available, the doctors EES WILL BE ADDED TO YOUR INVOICE afe, fenced in backyard. Boarding cats be kept in a separate room from the
• , ,,	Any pet that becomes soiled while boarding due to urina additional cost to the owner unless prior instructions are HURRICANE POLICY	tion, diarrhea, etc. will be bathed at an given.
board a If you a for the least or Please	event of an evacuation due to an approaching hurricane, Lany animals. We cannot ensure the safety and/or adequate are boarding your pet during hurricane season, we require evacuation of your pets. We require two contacts with phene contact must be local. In the well being of your pet is our only concern. In the event that a hurricane evacuation is called and a pet; I do not hold Lake Animal Hospital liable or response I authorize the medical care and treatment of my pet shand understand that accumulated charges for such server and the same authorized agent of this pet(s), I authorize understand that I am responsible for full payment of server.	that you have made prior arrangements one numbers of responsible parties. At Many animals perished when left behind recurrence of that tragedy. ATION responsible party does not evacuate my sible for his/her safety. Hould he/she become ill while boarding ices will be applied to my invoice. the above-described services and
Signa	ture:	Date: