



Lemon Bay Animal Hospital



Chart # _____

We appreciate you choosing our hospital to care for your pet while you are away. We want to provide the best care we can for your pet and ask that you take time to give us the following information.

Owner Name: _____

Pet(s) Name(s): _____

Pick - up Date* ____/____/____ Emergency Phone Number(s) _____

*** Check-out time is 12:00 noon. Pets picked up after this time will be charged another night.**

Personal Items Please *list and describe all the items* that you brought for your pet (we will mark washable items with permanent marker): _____

Feeding We feed and recommend Hill's Science Diet Foods. Dogs will be fed Hill's Sensitive Stomach dry food and cats will be fed Hill's Optimal Care food unless you provide and instruct otherwise. Did you bring food? Yes/No (Prescription foods will be added to your bill if you did not bring them)

Instructions _____

_____ Last Fed _____

Medications Is your pet to receive any medications Yes/No If so, please record then with instructions:

When was last dose given? _____ Did you bring the medication? Yes/No

Multiple Pets We do not recommend boarding multiple pets together. If you want your pets boarded together please write "yes" and initial here:

To help ensure that all dogs and cats staying in our facilities remain healthy and parasite-free we require that all pets are current on all vaccines and free of external and internal parasites.

Parasite Control If my pet is found to have any external or internal parasites I give permission for my pet to be treated.

Vaccinations If my pet is not up-to-date, or proof of vaccination cannot be confirmed, I give permission to vaccinate as required.

Medical Illness In the event that my pet becomes ill and requires treatment I understand that lemon Bay Animal Hospital (LBAH) will try to reach me at the above emergency number. If unable to contact me I give permission to LBAH to diagnose and treat problems that arise. **I understand that I am financially responsible for all costs that occur during my pet's stay.**

Signature _____ Date _____

Witness _____ Date _____

Have you **Hugged** your pet today? * *