



Lantana Animal Hospital

We passionately provide pawsitively purrfect pampering for pets and their people

4110 Justin Road Suite 100, Flower Mound, Texas 75077
www.lantanaanimalhospital.com
940-584-0101

Date: _____

Boarding From: _____

Boarding Pick Up Date: _____

Approximate Pick Up Time: _____ ***Please note, the first pick up time on weekdays is 9:00am and 10:00am on Saturdays (this allows us to walk, feed & medicate all pets in the practice) - Additionally, if your pet is getting a bath, the earliest pick up will be 10:00am on weekdays and 11:00am on Saturdays (this allows time for blow drying and brushing) - thank you very much for understanding!* - Special accommodations for earlier pick ups can be made, if necessary -**

Owner _____

Address _____

Best phone number to reach me at during my pets stay: _____

Alternative phone number: _____

Emergency Name & Phone Number (if I am unable to be reached): _____

Pet Information

Pet's Name: _____

Species: Dog Cat

Breed: _____

Sex: Male Male Neutered Female Female Spayed

Age: _____

General Care Instructions

- Please feed my pet: Food I have provided (Name of food): _____
 Food provided by Lantana Animal Hospital (Sensitive Stomach Formula)
 Prescription Diet (Available from Lantana Animal Hospital for purchase): _____

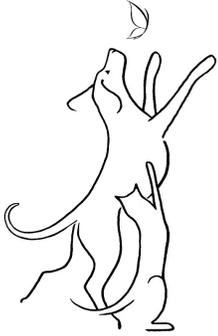
My pet eats: AM only PM only Twice daily (am & pm)

How much do you normally feed your pet? _____

Special feeding instructions for my pet: _____

Special Care Instructions

Medications to be given while boarding	Dosing Frequency	Date & Time Next Dose Due
	<input type="checkbox"/> Once Daily <input type="checkbox"/> Twice Daily <input type="checkbox"/> Three Times Daily <input type="checkbox"/> Every Other Day <input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Once Daily <input type="checkbox"/> Twice Daily <input type="checkbox"/> Three Times Daily <input type="checkbox"/> Every Other Day <input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Once Daily <input type="checkbox"/> Twice Daily <input type="checkbox"/> Three Times Daily <input type="checkbox"/> Every Other Day <input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Once Daily <input type="checkbox"/> Twice Daily <input type="checkbox"/> Three Times Daily <input type="checkbox"/> Every Other Day <input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Once Daily <input type="checkbox"/> Twice Daily <input type="checkbox"/> Three Times Daily <input type="checkbox"/> Every Other Day <input type="checkbox"/> Other: _____	



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My pet has the following special needs: _____

Things that should be known about my pets personality/temperament: _____

I have brought the following items here for my pet: _____

Would you like your pet to have a bath while boarding with us? Yes When? _____

Does your pet need an examination by Dr. Leigh Anne Robertson while boarding? Yes

If yes, please give the details and history of the problem you pet is having. _____

Would you like Dr. Leigh Anne Robertson to call you with an estimate for any care needed for this problem after the initial exam and before treatment? Yes No, proceed with the treatment as recommended by Dr. Robertson.

Payment will be required for examination, care and related medications.

I understand and agree to the following:

- All animals entering Lantana Animal Hospital for boarding **MUST** be current on vaccinations (Canines: Bordetella, DAPP, Influenza & Rabies / Felines: FVRCP & Rabies) and have a negative intestinal parasite screen for all canines due to the shared yard (felines are exempt, as there is no feline shared space). Pets who are boarding but are not patients here **MUST** provide a copy of current vaccinations, with a negative intestinal parasite screen for canines. All pets boarding with Lantana Animal Hospital **MUST** be free of fleas and ticks upon entry. If fleas and/or ticks are present upon entry into our hospital, the pet will be treated at owners' expense. If the pet is not vaccinated appropriately, or a does not have a negative intestinal parasite screen (if required), the pet will be vaccinated and tested at the owners' expense.
- If a life threatening emergency arises while my pet is boarding, I authorize Lantana Animal Hospital to do provide emergency medical care in an attempt to save the life of my pet. Dr. Leigh Anne Robertson and the Lantana Animal Hospital Team will make every effort to reach you and the individual listed as an emergency contact. Payment will be required when pets are released.
- If a non-life threatening injury or illness arises while my pet is boarding, I authorize Dr. Leigh Anne Robertson and Lantana Animal Hospital to provide medical care for the injury or illness. Dr. Leigh Anne Robertson and the Lantana Animal Hospital Team will make every effort to reach you and the individual listed as an emergency contact. Payment will be required when pets are released.
- If sedation is necessary for treatment or handling of my pet, I give permission to Dr. Leigh Anne Robertson and Lantana Animal Hospital to administer such medications.
- Pets are released **ONLY** during regular business hours.
- Lantana Animal Hospital is **NOT** responsible for lost or damaged items left with your pet (including bedding & toys).

Signature: _____