

Owner Signature:

BOARDING ADMISSION FORM

Checked in By:

OFFICE USE ONLY

Weight:

Capstar: Y/N

		Cage / Run	/ Sharing
Client Name:	Contact Phone	Emarganov#	
	Contact Phone:		
Pet(s) Name: Health Concerns:			
**All Boarding Pets are given a Capstar flea pill at no charge to help control our flea free environment			
Drop Off Date:/ Pick Up Date:/			
Diet: Dry / Wet / Cor	mbination Special:		1
Feeding Instructions:	Personal Ite	ms:	
Medications- Is your pet currently on medication that needs to be given? YES / NO			
Name of medication	Quantity to be given	How often	Given today?
1			Y / N
2			Y / N
3			Y / N
4			Y / N
5			Y / N
	Lest Dans . / / Maartuum	n Drawantian 2 T	
Flea Prevention? Type: Last Dose :// Heartworm Prevention? Type:Last Dose//			
Boarding Policies			
Boarding is provided as a service to the regular clients of Lincolnton Animal Hospital, P.A.			
	on from you, our staff will strive to make his/h		
1 .Boarding animals must be current on vaccinations and free from internal and external parasites or they will be treated			
at the owner's expense (Initial)			
2. If your pet becomes ill during the stay and you and your emergency contact cannot be reached, we will treat			
accordingly and your bill will be adjusted accordingly (Initial)			
 3. If a tranquilizer is necessary for handling, it will be administered, at owner's expense (Initial) 4. Animals are expected to be released on the date specified above. If for any reason you cannot pick up your pet on 			
handled in accordance of t	immediately. Any pet left 30 days beyond the the laws of state of North Carolina (initi		ithout notification will be
Transled in addordance of t	Services Requested During		
Vaccinations		Bath	
Testing/Bloodwork		Nail Trim	
Exam By Doctor		om/Haircut	
Other:		Other:	