

Lane Animal Hospital Pet Boarding Registration

Pet's Name _____ Client Name _____

Reservation dates from _____ to _____ pick up time: _____

The charge for a new day of boarding will incur after 10 A.M. _____ initials

Emergency contact _____ Emergency phone (_____) _____ Alt. Phone (_____) _____

Does your pet have any *medical* problems we should be aware of? _____

Any *behavioral* (ex. Aggression towards other animals or humans) problems? _____

Is your pet a bed or blanket chewer? _____

Food type:

- LAH to provide food
- I brought my OWN food

Directions (Cups/Cans per day)

_____ AM _____ Noon _____ PM _____ FREE FEED?
 _____ AM _____ Noon _____ PM _____ FREE FEED?

Vaccination Records:

- Due dates of current vaccinations from Lane Animal Hospital
- Due dates of current vaccinations from another hospital

Canine Influenza Virus ("Bivalent")(dogs) _____

Rabies _____ DA2PP _____ Leptospirosis _____ FVRCP (cats) _____ Bordetella (dogs) _____
 Negative fecal (EVERY 6 MONTHS!!) _____ HW/Tick Vector Test (dogs) _____ FIV/FELUK/HW Test (cats) _____

**** Dogs MUST be on Sentinel Spectrum for heartworms and intestinal parasites, and a flea/tick prevention ****

For the safety of your pet as well as our other guests, all vaccines must be current. We require written proof or phone confirmation from your referring veterinarian of vaccines; including Rabies, DA2PP, Lepto, FVRCP(cats), Bordetella (dogs), the "Bivalent" Canine Influenza vaccine (dogs), a negative heartworm test in the past years, as well as a negative fecal within the last 6 months, for any pet that stays at Lane Animal Hospital. If you are unable to provide proof of these vaccinations, a doctor at our facility will provide a comprehensive physical exam, appropriate vaccines and a fecal exam at your expense.

Your pet must also be free of internal and external parasites, including fleas and ticks. If not, we will treat at your expense.

For Your Safety:

Please note that many vaccines do not take affect for 10-14 days, so we recommend that your pet be vaccinated a minimum of 2 weeks before boarding at Lane Animal Hospital. This is a recommendation but not a requirement. I agree and understand this policy.

_____ initials

Veterinary Services:

Medications? (additional fee, per dose)	Dosage?	Times to give?
1.		
2.		
3.		
4.		

Our doctors can provide a variety of veterinary services while your pet stays with us at your request. Additional history paperwork may be required

Dr. _____ Technician _____
 Appt. date _____ time _____ Appt. date _____ time _____

- Bath?**
- Nail trim?**

Any special instructions?

Heartworm & Flea/Tick Prevention (required for both dogs and cats to board!!)
What kind? _____ ,

When given?
Date: _____ **Date:** _____

In the event of an emergency do we have your permission to perform CPR on your pet? Yes No Initials

Permission to treat: Should my pet(s) become injured or ill, a veterinarian may provide all medical and surgical treatment deemed necessary in the doctor's professional judgement. I acknowledge that in an event of my pet's illness, the Lane Animal Hospital staff may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expenses associated with treatment of my pet until I am available to discuss further care and related fees with attending veterinarian. **I agree to and understand this policy.**

Owner's Signature _____ **Date** _____

Do we have your permission to post any videos/pictures of your pet to our Facebook page? Yes _____ No _____ Initials _____