



Lincolnway Animal Hospital On-line Boarding Form

Client Information

Name			
	Last Name	First Name	Middle Initial
Address			
	Street	City	State Zip
Telephone			
	Home #	Mobile #	Work #
E-mail	We are increasingly able to provide you with periodic reminders and care notes by email. Please let us know what email address is convenient for you.		
			Example: name@yahoo.com

Pet Information

Name	Species	Breed	Age	Color

Circle one for each of the following: Male / Female Spayed / Neutered / Intact

How Much does your Pet Weigh? _____

While your Pet is Boarding

What day and time will you be picking up your pet? _____

If your pet will be spending 5 nights with us, they will get a complimentary bath. If your pet is here less than 5 nights, you may get a discounted bath for your pet.

Would you like your pet to receive a bath prior to going home? _____

Does your pet need a nail trim while here? _____

What type of Food Does your Pet normally eat? (Please list brand) _____

How much food do you give your pet ? _____ Does your pet eat twice a day? _____

Did you bring your pets food? _____ Treats? _____

Is your pet on any medications? If yes, please list the name as well as directions for giving medications.

There will be an additional charge per night to administer your pet's medications.

Do you want the doctor to check anything while your pet is here?

If your pet is due for vaccinations or needs to be seen by the doctor, please allow an extra 10 minutes when dropping off for a technician to check you in.



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While your Pet is Boarding

All pets left for boarding must be current on Rabies, Distemper and Bordetella vaccines as well as a recent fecal test completed. They must be free of fleas, ticks and intestinal parasites or they will be treated on admission at the owner's expense.

If medications are necessary for treatment or handling, I give my permission to Lincolnway Animal Hospital to administer such medications. I authorize Lincolnway Animal Hospital to do whatever is necessary in case of illness or an emergency situation. Any toys, blankets, or other personal possessions are left at the owner's risk. Lincolnway Animal Hospital will not guarantee their return or replacement. I understand that any animal not picked up within 14 days of the date listed above will be considered abandoned and become the property of Lincolnway Animal Hospital.

In case of emergency please call:

Name/Phone number _____

Please circle one of the following:

Perform necessary procedure, then contact me.

Attempt to contact me, then perform necessary procedure.

Do not perform life saving procedures.

Pet Owner Signature: _____

Date: _____

Additional Information

Please tell us any additional information you feel we need to know to care for your pet while you are gone.

Thank you for choosing us to take care of your pet!