

Boarding Form

All animals are provided enrichment toys and bedding that is changed daily.

Owner:	Pet(s):			
Pickup Date:	Pickup Time:	Bath at pick up?	Yes No	
Unless provided by owner, a dry, high quality, name brand food is fed Diet provided by: OWNER HOSPITAL				
Feeding directions:				
Is your pet on medica	tion? Yes No D	id you bring medication?	Yes No	
If no,	do you want us to provide t	the medications? Yes	No	
Please List Medication Name and Dosage:				
Medication:	Dose and Frequency:	Next Dos	e Due:	
Medication:	Dose and Frequency:	Next Dos	e Due:	
Medication:	Dose and Frequency:	Next Dos	e Due:	
DIABETICS ONLY: Insulin Type: Units:				
Last Dose:	sst Dose: Last Feeding:			
As the Owner or Presenter of this animal(s), I agree to allow the Lexington Blvd. Animal Hospital staff to examine my pet for any parasites and agree for treatment to be performed at the discretion of the staff and doctors.				
As the Owner or Presenter of this animal(s), I agree to allow Lexington Blvd. Animal Hospital staff to examine and treat my animal for diarrhea or vomiting that may occur due to boarding-related stress. A Doctor will examine and treat your pet to ensure that no other problems exist. For any other treatments or testing required, the owner will be contacted prior to treatment: Yes No				
As the Owner or Presenter of this animal(s), I agree to pick up my animal at the designated time. Five days from this date, I understand that the animal is considered abandoned unless other arrangements have been made. At such time, I relinquish all claims to my animal and Lexington Blvd. Animal Hospital is at liberty to make all decisions regarding the care and ultimate disposal of the animal(s). I understand that this does NOT relieve me of the responsibility of payment of accumulated hospital and boarding charges. Yes No				
E-mail:	Emergency Nu	ımbers:		
Signature of Owner or Agent:		Date	e:	