



# BOARDING ADMISSION FORM

Client's Name \_\_\_\_\_ Patient's Name \_\_\_\_\_

New Client: Yes      No      Weight Upon Arrival: \_\_\_\_\_ lb.

Check In Date: \_\_\_\_\_ Check Out Date: \_\_\_\_\_ Approx Time Out: \_\_\_\_\_ am      pm

Thank you for choosing our hospital to board your pet. We provide quality boarding with a personal touch. Every attempt will be made to give each pet individual love and attention during their visit with us. While staying with us, your pet will be under the supervision of our Animal Health Technicians.

We operate a flea free facility and in order to maintain this standard, flea treatments are required for boarding. We offer various flea remedies, both oral and topical. If your pet is already on a flea preventative, please provide us with documentation. Should we find fleas on your pet, we will treat them at the owners expense. **Please Initial:** \_\_\_\_\_

### Please Initial

1. Pets must be up to date on all vaccinations and Fecal testing. Proof of vaccinations and fecal test must be on file at the time of boarding, or they will be administered upon admission at owners expense. Please Initial \_\_\_\_\_

2. It is our hospital policy that all pets are clean at the time of discharge. If a bath is considered necessary, it will be done on the day of discharge, and you will be charged at regular bath rates. I understand the clean-up bath policy and agree      decline      the recommendation. Please Initial \_\_\_\_\_

3. Kennel Sharing - I authorize kennel sharing between house mates. Please Initial \_\_\_\_\_

### Special Instructions:

Feeding Instructions: \_\_\_\_\_

Personal Belongings: \_\_\_\_\_

Medications: Yes      If yes, please see Boarding Medication Form      No

Would you like your pet to have blankets/bedding?      Yes      No

Medical Services: \_\_\_\_\_

Bath: \_\_\_\_\_ Emergency Authorization Person: \_\_\_\_\_

Pick-up Contact and Phone Number: \_\_\_\_\_

Signature

Date

**VCA Lovers Lane Animal Hospital**

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**AT VCA ANIMAL HOSPITALS, WE CARE**