



Lakeshore Animal Clinic

Boarding & Grooming

Boarding Agreement

Owner: _____ Pet(s): _____

Admitting Date: _____

Pick up date: _____ Time: _____

1. I can be reached at this phone number during my pet's stay: _____

2. If I am unable to be reached, this person knows my wishes and can make medical decisions regarding my pet. Name of person: _____ Phone number: _____

3. I would like my pet to have a bath/groom (additional fee):

No

Bath on (date): _____ ***please fill out grooming sheet***

Groom on (date): _____ ***please fill out grooming sheet***

If you select a bath or groom, please wait for a call from us BEFORE you come to pick up.

4. Boarding requirements: Vaccinations & Fecal testing

Current/Given at: _____ (name of Animal Hospital)

Need to be given (I have received a quote for vaccinations/services due)

5. Please feed my pet:

Science Diet Sensitive Stomach (provided by Lakeshore Animal Clinic)

Prescription Diet (available for purchase)

Food I have provided (name of food): _____

My pet has eaten today Yes No

6. My pet takes the following medications *****Additional \$5.00 per night per pet*****

_____ administered at these times _____

_____ administered at these times _____

My pet needs his/her medication administered today Yes No

7. A nurse will give my pet a complimentary brief health check:

Nurse exam adequate

I need my pet seen by the veterinarian (additional fee) for the following: _____

8. Has your pet been sneezing and/or coughing, or had diarrhea in the past 30 days?

No

Yes, please explain: _____

9. My pet has the following special needs: _____

- My pet digs
- My pet is aggressive
- My pet climbs or jumps fences
- My pet chews/shreds/eats – blankets/towels/bedding

I understand and agree to the following:

I understand that, while Lakeshore Animal Clinic staff members take every precaution to protect the health of their boarding guests, there is always a risk of disease transmission involved in boarding situations. Like human child care facilities, pet boarding facilities may be exposed to certain airborne illnesses. An example of this may be respiratory infections, kennel cough or the flu. Lakeshore Animal Clinic cannot guarantee your pet will not be affected. Lakeshore Animal Clinic is not responsible for the cost to treat any such illness.

Initial: _____

Should my pet become ill while boarding, he/she will be treated as a hospital patient. I give my permission for said treatment which may include examinations, diagnostic procedures, and/or tests needed to establish a diagnosis and any treatment administered for said illness. All reasonable attempts will be made to reach me by phone if my pet becomes ill. In the event I cannot be reached, I authorize Lakeshore Animal Clinic to treat my pet. I assume full financial responsibility for all charges incurred, and agree to pay such charges at the time of release of my pet.

Initial: _____

At this time, Lakeshore Animal Clinic does NOT accept personal belongings to avoid the possible cross contamination that may occur from outside belongings coming into the facility. Personal belongings include bowls, brushes, leashes, toys and bedding. Lakeshore Animal Clinic does provide toys, bedding and bowls that will be disinfected on a regular basis. I understand Lakeshore Animal Clinic is a hospital first and the comfort and well being of my pet is their primary concern.

Initial: _____

- My pet will be treated for fleas and ticks, if needed, *at my expense*.
- My pet will be treated for diarrhea if it should occur by performing a fecal examination and administering appropriate medications, *at my expense*.

Signature: _____ Date: _____