

LEADER HEIGHTS ANIMAL HOSPITAL

BOARDING DROP OFF

Pets Name _____ Owners Name _____

EMERGENCY NUMBER _____

Drop off date _____ Pick up Date/Time _____

- Are you providing your own food? Yes No
 - Food _____ Amount _____ Wet Dry
 - How often daily 1 2 3

Leader Heights is happy to provide our **canine** guests with Royal Canin Intestinal diet and our **feline** guests with Iams.

MEDICATION (must be in a labeled container)

NAME	Concentration (mg/ml)	DIRECTIONS

Belongings (please be descriptive- items must be labeled) Please note that we offer bedding for our guest, so we request you leave any beds at home.

Would you like your pet to have a nail trim during their stay? (Fees do apply) Yes No

In the event of an unforeseen incident or medical issue, we will attempt to reach you without delay. Please know that we will take every precaution to ensure that your pet is safe and healthy during their stay. Occasionally, there is a need for your pet to be examined and treated. As a veterinary hospital, we have taken an oath to treat animals who may be sick, injured, or in pain. In the event you can not be reached, we will provide sufficient care to keep your pet comfortable until we can speak with you. You accept responsibility for any cost incurred, including the physical exam fee and any medications necessary. Very rarely, emergencies do happen and we want to know your preference if no one can be reached. Please check your preference:

- Please proceed with life-saving measures. I accept responsibility for all costs incurred.
- Please do not proceed with life-saving measures. I accept responsibility any outcome/costs.

I have read and understand the information printed above.

Signature: _____ Date: _____