



Leader Heights Animal Hospital

BOARDING / ADMITTING

EMERGENCY number: _____

Drop off date _____ Pick UP Date/Time _____ am/pm

MEDICATION (must be in a labeled container)

Name of Rx	Concentration (mg/ml)	Directions

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

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

Are you providing your own food? Yes No **FOOD ALLERGIES?** Yes No

- Food _____ Amount _____ Wet Dry
- How often daily 1 2 3

We are happy to provide our **canine** guests with Royal Canin Intestinal diet (designed to maintain a healthy gastrointestinal tract while dealing with the stresses of boarding) and our **feline** guests with Iams.

FOR INTERNAL USE:

Date _{am/pm}	Meds	Appetite	Urine	BM	Vomit	Notes

PLEASE SIGN BACK



If applicable:

Routine Health Exam for Boarders *(exam fees apply)*

<u>DOG</u>			<u>CAT</u>	
<input type="checkbox"/> Rabies	<input type="checkbox"/> Lepto	<input type="checkbox"/> Heartworm Test	<input type="checkbox"/> Rabies	<input type="checkbox"/> FeLV/FIV test
<input type="checkbox"/> Distemper	<input type="checkbox"/> Bordetella	<input type="checkbox"/> Nail trim	<input type="checkbox"/> Distemper	<input type="checkbox"/> Nail trim
<input type="checkbox"/> Lyme	<input type="checkbox"/> Influenza	<input type="checkbox"/> Blood work	<input type="checkbox"/> Leukemia	<input type="checkbox"/> Bloodwork

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: _____