



LAKE CUMBERLAND
ANIMAL HOSPITAL

Boarding Admission

Owner's Name _____ Check-In Date/Time _____

Pet's Name _____ Check-Out Date/Time _____

Contact Numbers during Stay 1. _____ 2. _____

We will use these numbers to contact you in the event of any serious problems. We also try to provide owners with updates about their pet's stay with us. Please let us know what you prefer.

Call me for **Emergencies ONLY** **Updates** are fine, I want to know how they are doing

1. Does your pet have any health conditions our care providers need to be aware of? Yes No
If yes please list _____

2. Is there anything you would like the veterinarian to check while your pet is with us? Yes No
If yes please list _____

_____ (exam fee will be added)

3. Is your pet current on vaccinations (**incl. Bordetella and Canine Influenza for dogs**)? Yes No

4. Please provide a detailed description of any special instructions for feeding, medications, or other general care for your pet's stay. _____

5. Please select any professional services that you would like your pet to have while staying with us.
Additional charges for these services will be applied to the boarding bill. _____ (initials)

Nail Trim (**\$20.10**) Anal Gland Expression (**\$23.70**) Ear Cleaning (**\$24.80**) Bath (**price varies by size**)

6. Is your pet allowed to have blankets/ toys in the kennel with them? Yes No

7. Please list and describe items staying with your pet such as food, bed, toys, leash, etc. _____

8. We give each pet personalized care and attention and strive to keep them as comfortable as possible during their stay. Twice daily meal times and at least three play/potty sessions daily are included in the boarding fee. If you would like to pamper your pet with extra one-on-one time please ask our receptionist about additional optional services available for our guests.

By signing below you indicate that you are aware of the boarding policies for Lake Cumberland Animal Hospital and have provided complete and accurate information regarding your pet's stay with us and any additional requested services.

Pet Owner's Signature _____

Guest Name		Wt:		Vaccination Verification: Canine Feline							
Feeding Instructions/Special Diet				Rabies	DHPPC	Bord	Flu	FVRC	Leuk		
Medications											
Belongings											
Date		Eating		Drinking		Medications			Scheduled Services		
		AM	PM	AM	PM	AM	Mid	PM			
	SUN										
	MON										
	TUE										
	WED										
	THUR										
	FR										
	SAT										
	SUN										
	MON										
	TUE										
	WED										
	THUR										
	FR										
	SAT										
Owner Communication Notes											
Check-out Preparation Instructions						Alerts					