



BOARDING ADMISSION

YOUR NAME: _____	CHECK IN DATE: ____/____/____	TIME: _____	
PET'S NAME: _____	CHECK OUT DATE: ____/____/____	TIME: _____	
PLEASE REMEMBER WE ARE CLOSED SUNDAYS AND WEDNESDAYS. WE WILL BE HAPPY TO SEND YOUR PET BACK HOME WITH YOU AT THE OPENING OF THE NEXT BUSINESS DAY.			
CONTACT NUMBERS WHILE YOUR PET IS WITH US:		1. _____	
2. _____		3. _____	
WE WILL ATTEMPT TO CONTACT YOU DURING YOUR PET'S STAY WITH PERIODIC UPDATES. IF YOU DO NOT WISH TO BE CONTACTED PLEASE INDICATE BELOW: <i>(circle one)</i>			
YES - I WISH TO HEAR HOW MY PET IS DOING		NO - PLEASE ONLY CALL ME IN CASE OF EMERGENCY	
EMERGENCY CONTACT IN CASE WE CANNOT REACH YOU:			
NAME: _____		NUMBER: _____	
1. DOES YOUR PET HAVE ANY HEALTH CONDITIONS OUR CARE PROVIDERS NEED TO BE AWARE OF? YES / NO			
IF YES, PLEASE EXPLAIN: _____			
2. IS YOUR PET CURRENT ON VACCINATIONS (DOGS - DHPP, RABIES, BORDATELLA, FLU, CATS - FVRCP, RABIES, FELV)?			
YES/NO	*IF NOT WE WILL BE HAPPY TO UPDATE AND PROTECT YOUR PET WHILE THEY ARE STAYING WITH US.*		
3. WOULD YOU LIKE FOR ONE OF VETERINARIANS TO EXAMINE YOUR PET WHILE THEY ARE HERE? YES / NO			
IF YES, DO YOU HAVE ANYTHING IN PARTICULAR YOU ARE CONCERNED ABOUT? _____			
4. PLEASE CIRCLE ANY ADDITIONAL SERVICES YOU WISH YOUR PET TO RECEIVE WHILE THEY ARE HERE:			
NAIL TRIM	ANAL GLAND EXPRESSION	TEETH BRUSHING	EAR CLEANING
HEARTWORM TEST	FELV/FIV TEST (CATS)	FECAL CHECK FOR WORMS	BATH (GIVEN AT END OF STAY)
5. DOES YOUR PET HAVE ANY PERSONAL ITEMS STAYING WITH THEM? YES / NO			IF YES, PLEASE CIRCLE & DESCRIBE:
OWN FOOD	BOWL	BED	
LEASH			
6. DO YOU GIVE US PERMISSION TO RENDER MEDICAL CARE SHOULD YOUR PET BECOME ILL WHILE WITH US?			
YES / NO	MONETARY LIMIT: _____		
7. BY INITIALIZING YOU'RE AWARE THAT SHOULD FLEAS OR TICKS BE FOUND ON YOUR PET DURING THEIR STAY, LAKE CUMBERLAND ANIMAL HOSPITAL WILL TREAT FOR EXTERNAL PARASITES AT YOUR EXPENSE: _____			
8. WE GIVE EACH PET PERSONALIZED CARE AND ATTENTION. WE 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 YOUR PET TO RECEIVE SOME EXTRA ONE-ON-ONE ATTENTION PLEASE ASK OUR RECEPTIONIST ABOUT EXTRA PLAY TIMES OR CUDDLE TIMES AND OTHER OPTIONAL SERVICES AVAILABLE.			
BY SIGNING BELOW YOU INDICATE THAT YOU ARE AWARE OF THE BOARDING POLICIES OF LAKE CUMBERLAND ANIMAL HOSPITAL AND HAVE PROVIDED COMPLETE AND ACCURATE INFORMATION REGARDING YOUR PET'S STAY WITH US AND ANY ADDITIONAL REQUESTED SERVICES.			
OWNER'S SIGNATURE: _____			