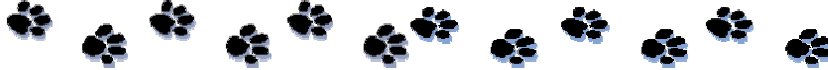




Lincolnshire Animal Hospital Boarding Consent Form



Owner Last Name: _____ Patient(s) _____ & _____

I understand that my pet must be fully vaccinated to board at Lincolnshire Animal Hospital. I further understand that if I do not have proof of vaccination I give permission for my pet to be properly vaccinated by Lincolnshire Animal Hospital.

_____ ***I consent to Lincolnshire Animal Hospital treating my pet should an emergency arise and I cannot be reached***

Emergency Phone Numbers:

Primary: _____ Secondary _____

Name/# Of Alternate Contact (If Applicable) _____



DOGS ONLY-Please Initial

YES _____ I consent to my dog(s) being leashed walk outdoors

NO _____ I do not consent to my dog(s) being leashed walked outdoors

_____ YES, I would like to a receive a photo email update regarding my pet while I am away

Email Address: _____

Boarding Information

Dates Of Boarding:

From(MM/DD/YY): _____ To(MM/DD/YY): _____

Patient Weight(s) (To be done upon arrival) _____

Would you like your pet to receive a bath treatment on departure date?

YES _____ NO _____

Medicated shampoo needed? _____

*Please note should your pet become soiled during his/her stay it becomes necessary to bathe them to ensure their comfort. There will be an additional fee for this bath added to your charges. We ask that your pet be picked up after 2pm if a bath is given.

Does your pet need a Frontline application today? YES _____ NO _____

(LAH USE ONLY-FL+ APPLICATION DONE _____)

Are vaccinations due? YES _____ NO _____ I AM NOT SURE-PLEASE CHECK _____

A staff member of Lincolnshire Animal Hospital will ensure that your pet is protected by being up to date on all vaccinations upon arrival

Feeding Instructions

Type Of Food	
Frequency Of Feedings	
Any Treats To Be Given/When	
Any Food Types To Avoid?	

Medications/Treatments To Be Given

Medication Name:

When To Be Given:

Were meds given already today?: YES _____ NO _____

Personal Articles Left At Lincolnshire Animal Hospital

***Please note we are not responsible for any lost items**

_____ **I consent to my pets being boarded together in the same space.

Please check all that apply: walking together, _____ feeding together, _____ overnight stay together _____

CLIENT SIGNATURE: _____