

LONE TREE VETERINARY MEDICAL CENTER

Boarding & Medical Boarding Check-in

Owner's Name _____ Pet's Name _____

1. In the last 48 hours has your pet shown any of the following symptoms?

Change in appetite?	Yes	No	Coughing/Sneezing?	Yes	No	Vomiting?	Yes	No
Change in activity level?	Yes	No	Change in water intake?	Yes	No	Diarrhea?	Yes	No
Itching/Scratching?	Yes	No	Change in urine output?	Yes	No	Runny Nose?	Yes	No
						Runny Eyes?	Yes	No

2. Does your dog bite / act aggressive to other dogs? Yes No

3. Does your dog bite / act aggressive to people? Yes No

4. Please describe any physical problems your pet has: _____

5. Is your pet currently taking any medications? Yes No **If yes, what?** _____
How often? _____

What condition was the medication prescribed for? _____

When was the medication(s) last given? _____

How many days' medication did you bring today? _____

6. Authorization for visitation? Yes No (*Visitations are inside our facility and only with the individual(s) written here as "Visitor"*) **Visitor** _____

7. Authorization for release at check-out to individual other than owner? Yes No *Pet may be released at check-out to individual written here:* **Release to** _____

8. Check-Out Date: _____ **Time of Day** _____

*Any pet needing special monitoring, testing, and/or administration of a medication other than a food supplement or vitamins will be placed as a medical boarder. **Additional Fees Will Apply***

If your pet becomes ill while boarding, do you prefer that we provide the appropriate medical care first and then notify you, or that we call your emergency number first for authorization before providing medical care?

CIRCLE ONE: Provide Medical Care First Call First

Please note: Emergencies will always be treated first!

Emergency phone number where you can be reached anytime: _____

Current email address: _____

I acknowledge that the information provided on pages 1 and 2 of this form is accurate and true. I understand that I am responsible for all charges incurred during my pet's stay as stated in the boarding agreement, and that any medical treatment rendered will also be at my expense. I understand that this is a boarding facility and that my pet may not leave as clean as when it entered, and I will not hold this facility responsible for belongings that are left with my pet while boarding. I understand that this is not a 24-hour facility and that my pet will not be monitored or observed during overnight non-business hours. I understand that check-out time is 2:00pm and that if my pet is here past that time, I will be charged for another day's boarding.

Owner's Signature _____ **Date** _____

Additional Service Requests For Boarding Pets

If you would like any additional services for your pet during its stay, INITIAL YOUR SELECTION(S) IN THE SPACE(S) PROVIDED. Please ask our receptionist for specific fees.

SURGICAL PROCEDURES: Must be scheduled at the time you make your pet's boarding reservation. Procedures are provided by our Veterinarians and medical staff. Surgical procedures require pre-surgical blood work and a wellness exam with our veterinarian prior to the surgery.

_____ **Dental Procedure**

_____ **Spay** _____ Laparoscopic _____ Traditional

_____ **Neuter**

_____ **Other Please describe** _____

MEDICAL SERVICES: These services can be requested at the time your pet checks in for boarding.

_____ **Wellness Exam** with our Veterinarian

Vaccinations: Can be renewed only if they are not overdue.

_____ **Canine Vaccinations** -- a wellness exam is required for Rabies & Distemper vaccinations

_____ **Canine Bordetella Vaccination**

_____ **Leptospirosis Vaccination** -- for 2nd of initial 2 boosters only, *requires approval by our veterinarian*

_____ **Feline Vaccinations** -- a wellness exam is required for Rabies & FVRCP vaccinations

Additional Medical Services:

_____ **Heartworm Test**

_____ **Heartworm Preventive**

_____ **Microchip**

_____ **Anal Gland Expression** -- Internal & external areas

_____ **Nail Trim**

_____ **Fortiflora® Daily Probiotic Supplement** – helps prevent stress-related diarrhea, *one per day*

_____ **Free Dental Screen** with our Veterinary Technician

_____ **Other** (please write in): _____

GROOMING SERVICES: Grooming services must be scheduled as an appointment. For best availability, schedule your pet's service when making the boarding reservation. Services provided by our Professional Groomers.

_____ **Breed Clip** – Bath, dry, clip (scissor/shave), brush, ear cleaning & nail trim - *Fees vary by breed & size*

_____ **Bath and Brush** – Bath, dry, brush, ear cleaning & nail trim - *Fees vary by breed & size*

_____ **Anal Gland Expression** – External area only

LODGE ADD-ON SERVICES: Available for dogs only - provided by our Lodge Staff

_____ **Pampered Pet** – Two *one-on-one* play-time or walk-time sessions per day

_____ **Lodge Play** – Group play for small dogs 20 lbs. or less in Lodge playroom

_____ **Lodge Bath** – Shampoo bath & towel dry for SHORT-HAIRED DOGS ONLY** -- provided by Lodge staff
(**length of hair coat must be 1/4" or shorter over entire body*)

OBEDIENCE SERVICES: **Provided by our Obedience Instructor** (Ask about availability)

_____ **Board & Train** – 20-minute obedience training session – covers basic skills, behavioral issues & special training requests. Can schedule up to two sessions per day.

_____ **Doggie Play Camp** – 30-minute group play session with other boarding dogs. Involves fun activities and toys. Great for socializing and using up extra energy! One session per day.

Special Instructions: _____