

Lake Square Animal Hospital Boarding Pass

Owner _____

Phone Cell _____ Work _____ Home _____

Emergency Contact _____ Phone/Cell _____

Person(s) authorized to pick up pet _____

Cage Size: Dog Run ___ Dog ward (sm, med, Lg) ___ Cat ward ___

Pet's Information

Pet's Name _____ Does your pet have any allergies? _____

Does your pet have any special medical or behavioral conditions? _____

Is your pet currently on medication? (Please list) _____

When was last flea/tick control product applied? _____ What brand? _____

Brand of food _____ amount and how often _____ treats _____

Additional services requested during stay: _____

Authorization

I authorize Lake Square Animal Hospital to board and care for the above named pet. I understand that, in case of emergency, Dr. Gunderson reserves the right to treat my pet at his discretion should he be unable to contact me. I assume responsibility for all charges incurred in the care of the animal. I also understand these charges will be paid at the time of release and that a deposit may be required.

_____ I acknowledge that I have received a copy of Lake Square Animal Hospital boarding policies.

Signature _____ Date In _____ Date Out _____ am/pm