

**Lakes Area Veterinary Hospital
Boarding Sheet**

Pet Name: _____

Owner Name: _____

Contact Phone Number: _____

Check in date: _____ Check out date: _____

Would you like your pet to have a bath while boarding with us?

Yes No

Does your pet have his/her own food? If so, please list feeding instructions

Please list any belongings (along with a description) that you will be leaving with your pet. **Be advised that Lakes Area Veterinary Hospital will not be responsible for any damage or destruction to items left with your pet.**

Additional Notes:

All pets left for boarding must be current on all required vaccinations and free of fleas and ticks or they will be treated on admission at the owner's expense.

If medications are necessary for treatment or handling, I give my permission to Lakes Area Veterinary Hospital to administer such medications at an additional cost.

I authorize Lakes Area Veterinary Hospital to do whatever is necessary in case of illness or an emergency situation.

I have read and understand the boarding policy of Lakes Area Veterinary Hospital.

Signed: _____

Date: _____