



Pet Name(s) _____ Last Name _____

Pick Up Day & Date _____ am or pm

Sunday pick up is at 5:00pm sharp.

Boarding is charged per night for each pet. **Sunday is charged as a half day.**

• Boarding Options:

- Yes No **Boarding Bath** which includes nail trim & ear cleaning. (\$25.00+tax)
 Yes No **Pedicure Only (\$10.00)**
 Yes No **Physical Exam** If yes, please describe your concern below:

• Are your pet(s) up-to-date on **vaccines**? Yes No

We require that your pet(s) be vaccinated against rabies, distemper/parvo, and bordetella for dogs, and rabies and feline upper respiratory complex (RCCP) for cats within the last year. Proof of vaccination status is required at check in. **If not current, boosters will be given at an additional cost.**

• Have your pet(s) been treated with a monthly **flea/tick** product? Yes No

Product Name _____ Date Administered _____

We require that your pet(s) be free of fleas and ticks to board in our facility. Your pet(s) will be checked for these parasites at intake. **If your pet(s) is infested, they will be treated with an oral and/or topical product at an additional cost.**

• Did you bring your pet's **food** from home? Yes No

How much do your pet(s) eat? _____ What food is it? _____

How many times per day? _____ Next meal due _____

Any special feeding instructions? _____

• Do your pet(s) currently take any prescription **medications**? Yes** No

Pet Name	Medication	Instructions	Next Due
ex. Fluffy	Ex. Dasuquin	Ex. 1 Chew every morning	Ex. Tomorrow AM

****There is a \$2.00 fee for oral and \$3.00 fee for injectable meds charged per day for administration.**

Please list items brought with your pet today (food, leash, collar, carrier, etc):

I understand that boarding can be stressful to my pet(s) and that sometimes gastrointestinal upset or other problems may occur. If these problems do occur I consent to the treatment and understand that I will be charged for any medications that need to be dispensed or used. In the event of an emergency, I authorize the veterinarian at Lyon Veterinary Hospital to perform the necessary procedures. I understand that they will try to contact me in the event of an emergency prior to treatment. I also, understand that staff are not on the premises 24 hours a day.

Signature _____

Date _____

Emergency Contact Name & Number _____