BOARDING ADMISSION SHEET

Admission Date: Pick-up Da		Date:	
Owner Name:	Pet's I	Pet's Name:	
Address:			
MUST EITHER BE PROVEN IF ANY OF THESE VACCIN	N CURRENT OR UPDATED A	D OTHERS, ALL VACCINATION TYOUR EXPENSE UPON ENT AND/OR REFUSED, THEN WE AS UR COOPERATION.	RY.
Date of last vaccination:		Update:	
	Bordetella:	Update:	
	Rabies:	Update:	
	PRC (feline):	Update:	
Pet's Special Diet Requiremen	its:		
Medications:			
pet as they deem necessary to p with this treatment. If your pet develops stomach u	prevent spread to other animals. pset or diarrhea while staying w	dlake Veterinary Hospital will treat y There may be additional fees associ ith us the doctors will examine your nere will be an additional charge for	ated r pet
•	<u> </u>	de these and yours may be lost or so personal items left with your pet.	iled.
_		 Initial	
Emergency contact	Name atP	hone Number	
If you are unable to get a hold Initial	of me at the above number, plea	se treat my animal as you see neces	sary
Nightly boarding fee: Dogs 70 Dogs 40	# - 70 # \$48 nder 40 # \$42		

Fee per insulin injection is \$20.00. Fee for medication is \$11.00 per day.