

MEDICATIONS:

Pets receiving medication have an extra PER NIGHT charge for the medication administration and supervision for your pet's special needs: \$2.00 for oral/topical meds; \$7.00 for insulin/injectables. For difficult or aggressive pets, an additional fee of \$3.00 may be added.

If Yes, what is the special diet or allergy?

Does your pet have a special diet or diet-related allergies: YES NO

VACCINATION HISTORY:

All boarding dogs must be current on DAP, Rabies & Bordetella vaccines. All boarding cats must be current on PRC & Rabies vaccines. A wellness exam will be performed prior to vaccination. If the doctor does not feel that your pet is well enough for vaccines due to age or condition, we will not vaccinate, and we will discuss a future treatment/vaccination plan with you either by phone or upon your return. Proof of prior vaccination must be provided or pets will be vaccinated at the owners cost.

FLEA PREVENTION:

Lakeland Veterinary Hospital is dedicated to providing a flea free environment. If fleas are found on your pet(s), we will administer an appropriate flea treatment, at the owner's expense. However, it is every pet owner's responsibility to ensure your own pet is protected from possible exposure to fleas. Lakeland Veterinary Hospital recommends year-round parasite prevention and has several options available to ensure your pet is protected.

Once diagnosed with fleas, your pet must be placed on appropriate monthly preventative as recommended by your veterinarian. Proof of prevention must be provided by your veterinarian in order to board your pet(s)

BLANKETS, BELONGINGS & BEDDING:

As the owner of a pet being cared for by Lakeland Veterinary Hospital (LVH), I choose to have comfort-item(s) provided for my pet (such as toys and blankets/bedding items). This may include items I have provided myself and/or items provided by LVH (all pets are provided dishes for their food and water). I understand that pets may tear, chew and/or swallow items left in the kennel during boarding, including their own collar or the collar of a kennel mate. I accept all financial responsibility for any medical or surgical intervention that may be required should my pet(s) be harmed as a result of any owner-requested items left in the kennel.

If my pet exhibits any destructive or dangerous behaviors with the items provided (chewing, excessive pawing, tearing), I understand the item(s) will be removed and will not be replaced. I understand that this protocol is for the overall safety and well being of my pet. I am aware that my pet(s) cannot be supervised at all times.

I authorize any personal belongi	ngs I have provided to be left in the	e kennel with my pet(s) during their	r boarding stay.
Would you like Lakeland Veterio	nary Hospital to provide bedding fo	or your pet? YES NO	
Please leave my pet(s) harness/sv	veater on my pet at all times (if app	olicable): YES NO	
DUE TO MEDICAL CONCERN	IS, my pet must be walked on his/ho	er harness: YES NO	
POLICY STATEMENT: **PLEAS STATEMENT BY SIGNING IN ORDE HOSPITAL. THIS AUTHORIZATION IS	R FOR YOUR PET(S) TO BOA		
For the health of your pet, our policy is to hours after offering a variety of foods. If y started. Geriatric, obese or pets with pree of emergency. If your pet becomes ill on a the on-call doctor. Most treatments can be exam fee (up to \$185) may apply if a dominimize all costs to you, without compreessary for your pet, we will contact y your emergency contact number. Declinicallow an animal to suffer under our care	your pet's symptoms do not resolve existing conditions will be examine a Saturday, Sunday or a holiday as se started with a phone consult we ctor is required in attendance after comising your pet's health and we ou at the numbers listed. If you and an exam and basic treatment	ye, an exam will be performed and and sooner. We have a doctor on-cand requires immediate care, we writh the doctor; however, an emerger-hours. We will do everything pelfare while staying with us. If the are unavailable, we will leave a management of the staying with us.	treatment call in case vill contact gency and possible to eatment is message at
To my knowledge, I have informed Lakel I understand that if my pet becomes ill, a me, I understand that Lakeland Veterinary which may also include transferring to how	veterinarian will examine my pet y Hospital will extend appropriate	and contact me. If they are unable and reasonable medical/surgical	le to reach
I fully intend to pick up my pet on or a Veterinary Hospital of a new pick up date		cumstances change, I will notify	Lakeland
Signature	Printed Name:	Date:	
PAYMENT FOR SERVICES IS REQUIRED	AT TIME OF PICK-UP, UNLESS AR	RRANGEMENTS ARE MADE IN AD	VANCE.

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