Lexington Boulevard
Animal Hospital

BOARDING FORM
All animals are provided enrichment toys and bedding that is changed daily.

Owner: Pet: Pickup Date:

Diet: Unless provided by owner, a dry, high quality, name brand food is fed
Notes:

Is your pet on medication? Yes ☐ No ☐

Please List Type and Dosage: 1) 2)
(Please note if any medications were given prior to entering the hospital) 3) 4)

Did you bring medications? Yes ☐ No ☐

Do you want us to provide the medications? Yes ☐ No ☐

For Our Diabetic Boarders :
Insulin Type: Units:

Last Dose: Last Feeding:

Any animal with fleas will be given oral medication upon entering the hospital.
Any animal with ticks will be given a paramite bath and dip upon entering the hospital.

I authorize the Veterinarian to treat my animal incase of an emergency. When time allows, the staff will make every effort to contact the animal's owner. Until such time, unless otherwise specified below, I hereby consent to and authorize the performance of such procedure(s) as are necessary according to the Veterinarian's professional judgment.

I agree to pick up my animal at the designated time. Five days from this date, I understand that the animal is considered abandoned unless other arrangements have been made. At such time, I relinquish all claims to my animal and Lexington Boulevard Animal Hospital is at liberty to humanely dispose of the animal as deemed fit. I understand that this does NOT relieve me of the responsibility of payment of accumulated hospital and boarding charges.

Emergency Numbers:

Date: Signature of Owner or Agent:
I agree to these terms by supplying my digital signature.

DO NOT WRITE BELOW THIS SPACE
Staff Notes: