

**LAUREL OAKS ANIMAL HOSPITAL BOARDING PAPERWORK**

Pets Full Name: \_\_\_\_\_

Check in: \_\_\_\_\_ Check out: \_\_\_\_\_ Weight: \_\_\_\_\_ Ck in by: \_\_\_\_\_  
Capstar: \_\_\_\_\_ Advantus: \_\_\_\_\_

Re-Weight/Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Boarding with: \_\_\_\_\_

Last Menstrual Cycle? \_\_\_\_\_ \*if females go into heat while here they must be picked up immediately.

\*Due for the following Vaccines/Test: \_\_\_\_\_  
\_\_\_\_\_

**TECH DISCHARGE TIME:** \_\_\_\_\_

Is patient on any medication?	Yes/No			Refill Needed
Medication	Dosage	Last Given		Yes/No
_____	_____	_____	_____	Yes/No
_____	_____	_____	_____	Yes/No
_____	_____	_____	_____	Yes/No

Did you bring food or treats? Yes/No When did patient eat last? \_\_\_\_\_

*Instructions:*

\_\_\_\_\_

*Bathing/Grooming* Bath \_\_\_\_\_ Groom \_\_\_\_\_ TNT \_\_\_\_\_  
*Discounted bath:* Yes/No (this is only for pets staying past 5 days. \* for dogs only, does not include nail trim, anal gland expression & ear cleaning)  
*Special Instructions:*

\_\_\_\_\_  
\_\_\_\_\_

*We provide beds, blankets, and toys for all boarders. We are not liable for any items that are lost or misplaced.*

By signing below, I verify that I have read, understand, and agree to the terms and information above.

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_