



6245 Memphis Street
New Orleans, LA 70124
(504) 482-2173

www.lakeviewvet.com

Label

You must complete a form for **Every Pet** being admitted for boarding.

Boarding Check-In Form: Date: _____ Weight: _____

Owner: _____ Pet's Name: _____ Dog Cat Exotic: _____

Current Address: _____

Would you like to receive Text updates while your pet is boarding? No Yes, Cell #: _____

Arrival Date: _____ Pick-Up Date: _____ Pick-Up Time: _____

Emergency Contact Information:

Name: _____ Phone #: _____

Is anyone other than you authorized to pick this pet up from boarding? If yes, please list below:

Feeding Instructions:

All boarding pets are fed **Royal Canin Gastrointestinal LF diet**. We are happy to feed other diets at your request. We encourage you to bring your pet's food during his stay with us. Please write your pet's name and last name on any containers or bags you may be leaving with us.

Normal diet food: _____ Amount fed per feeding: _____ Times of day fed: ____ Last time fed: _____

Have you brought food for your pet to eat while boarding? Yes No

Have you brought treats for us to give to your pet? Yes No

Please check off any services you would like performed:

Bath (Ear cleaning included with bath) No Bath Nail Trim No Trim Check nails Anal glands

Type of Shampoo: _____ Owner Provided Shampoo Other Service _____

Medications:

Type of Heartworm & Flea Prevention: _____ Date of Last Prevention given: _____

Name of Medication & Strength:	Dosage/Directions:	When Last Given:

Continue on back-

Personal Belongings:

We provide every patient with comfy bedding. We strongly encourage you to leave personal bedding, clothing, towels, or toys at home. We are concerned that your belongings will become lost or damaged. Please label any items that are being left with your name and your pet's name. Any items that become soiled will be cleaned in house. We are not responsible for any lost or damaged items.

Please provide a **detailed** list of any items being left with your pet:

Does your pet need to be examined by a veterinarian? No Yes

Reason for visit: _____

Vaccine Information:

Last vaccination date: _____ Name of clinic/hospital: _____ City, State: _____

Please sign and initial below that you have read and understand the following Boarding Guidelines:

____ Should a pet become ill during their stay, we will make every reasonable effort to contact the owner and advise them of the situation. Until that time, LVH will be authorized to give necessary care or treatment for the pet at the owner's expense.

____ All pets must be free of internal and external parasites. Any pets found to have fleas, ticks, intestinal parasites or fungal infections will be treated immediately at the owner's expense.

____ All pets must be current on required vaccines. If pets are found to be overdue or if vaccines cannot be verified by phone or fax, they will be given upon admittance for boarding.

____ Boarding pets can only be picked up from LVH during the following times:

- Monday thru Friday 7:30 AM – 5:30 PM
- Saturday 8:00 AM – 2:00 PM

____ I give permission for Lakeview Veterinary Hospital to use photos of pets on a website or social media.

Signature of Owner or Authorized Agent: _____ Date: _____