

Lesslie Animal Hospital

770 Riverview Rd,
Rock Hill, SC 29730
Phone: (803) 324-8890

Boarding Admissions Form

Owner: _____ Date: _____
Address: _____ Phone: _____

Emergency Contact: _____
Emergency Phone: _____

Pets Name: _____
Breed: _____ Sex: _____
Color: _____ Age: _____

**Please circle below anything your pet needs while boarding at Lesslie
Animal Hospital**

A. Physical Exam

B. Vaccinations:

Cat:	FVRCP	FELV	Bordetella	Rabies
Dog:	DHPP	CORONA	Bordetella	Rabies

C. Heartworm Test

D. Intestinal Parasite Exam

E. Bath or Grooming: Date _____

Please any additional bathing or grooming instructions: _____

F. Nail Trim (included if bathed)

G. Express Anal Glands (included if bathed)

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Give medication as specified

Medication	Frequency	Beginning Date and Time of Day
_____	_____	_____
_____	_____	_____
_____	_____	_____

Expected Return Date for Pick-up: _____

Expected Return Time for Pick-up: _____

Pets boarding at Lesslie Animal Hospital are required to be up-to-date on vaccines given by a licensed veterinarian.

Pets must be free of external parasites such as fleas and ticks to stay at Lesslie Animal Hospital. If pet is found with such parasites they will be treated immediately at owner expense.

Owners Signature: _____ **Date:** _____