



BOARDING ADMISSION FORM

Lesslie Animal Hospital
770 Riverview Rd.
Rock Hill, SC 29732
(803)324-8890

OWNER: _____

DATE: _____

EMERGENCY PHONE: _____

PHONE: _____

BOARDING DATES: _____ TO _____

PET(S) NAME(S): _____

BREED: _____ SEX: _____

COLOR: _____ AGE: _____

BOARDING LEVEL: _____

INSTRUCTIONS:

Please mark below, if any, what your pet(s) will need while their stay here at Lesslie Animal Hospital.

Physical Exam

Vaccination(s):

Cat: FVRCP FELV BORDETELLA RABIES

Dog: DHPP CORONA BORDETELLA RABIES

Heartworm Test Bloodwork (JR/SR) Intestinal Parasite Exam

Bath or Groom on this date: _____

Please list any special instructions: _____

Nail Trim Express Anal Glands

Feed special diet or special feeding instructions: _____

Give medications as directed:

Medication(s)	Frequency	Beginning Date and Time of Day
_____	_____	_____
_____	_____	_____
_____	_____	_____

Patients boarding at Lesslie Animal Hospital are required to be up-to-date on vaccines, given by a licensed veterinarian. The requirements for canines are Office Visit, DHPP, Rabies, Bordetella and an intestinal parasite exam within the past year. The requirements for felines are Office Visit, FVRCP, Rabies, Bordetella and will be given de-wormer while they stay at the clinic unless up-to-date within the last year. If vaccines were not administered at Lesslie Animal Hospital we do ask that you bring proof prior to your stay.

I understand that during the length of stay at Lesslie Animal Hospital unforeseen conditions may arise necessitate Dr. Setzer to examine and/or treat my pet as deemed necessary and desirable by the doctor's professional judgment. Therefore, I agree to any necessary medications and/or procedures (and their associated fees) that may occur during my pet(s) stay here. **--Payment for boarding is expected upon pet(s) release. Please be aware we close at 6 PM. If you are unable to pick your pet up, you will be charged for an additional night of boarding. --**

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT

Signature of owner or agent

Date: _____

Witness

Date: _____