



## Boarding Admission Form

Date(s) Boarding: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone #(s): \_\_\_\_\_

**Emergency contact** (person able to make decisions in your absence or if unreachable):

Name: \_\_\_\_\_ Phone #(s): \_\_\_\_\_

**In a medical emergency, please: (check one)**

\_\_\_\_\_ Contact me first      \_\_\_\_\_ Proceed with treatment

Contact telephone numbers (please list in order of preference):

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Please list any health problems (seizures, allergies, arthritis, etc.):

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

**For pets requiring medications to be given during their boarding stay, a fee of \$5.00 per time medications are given will be added to the boarding charge. **Please bring medications in the original containers.****

Please list all medications and supplements your pet is currently on:

Medication Name and Dosage	Time last dose given	Time next dose due

How are medications given (in food, pill pocket, etc.)? \_\_\_\_\_

\_\_\_\_\_

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Are any medical treatments needed (exam, heartworm test, vaccines, nail trim, etc.?)

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Please list type of food your pet eats, how much, and how often. **Please bring your pet's regular food in labeled, plastic bags or containers.**

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Is your pet afraid of any items or noises (ex. thunder, dogs, men, etc.) \_\_\_\_\_

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**I understand that my pet will be checked for fleas and ticks. If fleas are found, then there will be a \$17.00 charge for flea medication, which will be added to the boarding charge.**

**I am boarding my pet at Leesburg Veterinary Hospital. If my pet becomes ill during his/her stay at the hospital, I give permission for basic medical care to be provided to my pet. If extensive medical tests over \$100.00 are necessary, I expect to be informed (if possible). If I cannot be reached, I give permission for the doctors and staff of the Leesburg Veterinary Hospital to provide medical care to my pet. I will be responsible for all expenses incurred during my pet's stay.**

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Signature of Owner

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Date