

ESTIMATE OF CHARGES: CHARGES COULD VARY IF YOUR PET HAS SPECIAL NEEDS/REQUIRES MEDICATION OR BECOMES ILL DURING IT'S STAY.

Boarding fees begin on the day the pet is checked in. If pet is picked up before noon on the day of go home, there is no charge for that day.

PET #1: Boarding fee: _____ x _____ days = \$ _____

PET #2: Boarding fee: _____ x _____ days = \$ _____

Exam/Wellness _____ DHPP _____ Lepto _____ Bordetella _____ Rabies _____

FVRCP _____ FELV _____ Fecal exam _____ Flea Control _____ Nail Trim _____

Scheduled Grooming _____ Other services: _____

Medication administration fee-level 1: \$2.00 per day per oral or topical medication \$ _____/d

Medication administration fee-level 2: \$12.00 per day for insulin admin.(given 2X daily)\$ _____/d

THIS DOES NOT INCLUDE MONITORING GLUCOSE LEVELS IF NEEDED

Medication administration fee-level 3: _____ \$ _____/d

Difficult pets requiring special handling _____ \$ _____/d

BOARDING REQUIREMENTS:

*All pets must be current on vaccinations/ annual physical exam by a veterinarian and have had a current negative fecal exam within 6 months of boarding. If you are unable to provide proof of these services, these services will be performed at the owner's expense.

*All pets must be free of external parasites such as fleas, ticks or lice. If the pet is found to have any infestation, it will be treated at the owner's expense.

* Lancaster Animal Clinic is not responsible for lost or damaged items brought in with your pet(s).

Payment is required at the time of release of pet(s). Pets are released only during regular hours of business. If you neglect to pick up your pet after 5 days from the scheduled pick-up date, the pet may be considered abandoned. Abandonment procedures will be implemented.

I agree to the above fees and requirements as described above. I authorize Lancaster Animal Clinic to treat my pet(s) as medically necessary for the well-being of my pet(s) even if attempts to contact me prior to treatment have failed. I agree to pay any fees incurred.

Signature: _____ Date: _____

In the event that someone other than yourself is picking up your pet(s), please list their name and phone number: Name: _____ Phone _____

Clinic use only: Pet #1 Wt. _____ Flea/tick check: _____ Tech initials: _____

Pet #2 Wt. _____ Flea/tick check: _____ Tech initials: _____

LANCASTER ANIMAL CLINIC PET BOARDING

Date In: _____ Scheduled Date Out: _____ AM or PM

Owner(s) _____

Phone #(s) where you can be reached during boarding _____

Who else has permission to make decisions about your pet's care while boarding?

Name: _____ Relationship to you _____

Their phone number(s): _____

PET #1 INFO : (Clinic use only: vaccines current _____ vaccines due _____)

Name: _____ Breed: _____ Age: _____

Personal belongings for this pet: **Please mark each line with a detailed description or N/A**

PLEASE NO BEDS: IF THEY GET SOILED, THEY ARE DIFFICULT TO WASH. WE WILL PROVIDE YOUR PET WITH BEDDING

Blanket _____ Towel _____
Toys _____ Treats _____
Leash _____ Collar/Harness _____ Other _____
Food _____ Amount to feed _____ once daily or twice daily or free choice

Medication(s): _____

Health issues/special needs: _____

Pet #2 Info : (Clinic use only : vaccines current _____ vaccines due _____)

Name : _____ Breed: _____ Age: _____

Personal belongings for this pet: **Please mark each line with a detailed description or N/A**

PLEASE NO BEDS: IF THEY GET SOILED, THEY ARE DIFFICULT TO WASH. WE WILL PROVIDE YOUR PET WITH BEDDING

Blanket _____ Towel _____
Toys _____ Treats _____
Leash _____ Collar/Harness _____ Other _____
Food _____ Amount to feed _____ once daily or twice daily or free choice

Medication: _____

Health issues/special needs: _____

PLEASE READ AND COMPLETE OTHER SIDE

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