



Boarding Reservation Form

Owner's First Name: _____ Last Name: _____ Pet's Name: _____

*The first page of this form will have to be completed for **each pet** – two pets cannot be on the same form*

This form is intended ONLY for those pets who ALREADY have a reservation. If you do not have a reservation or if you are unsure of the size of the space you have reserved for your pet(s), please call us at 214-350-5696 and speak with one of our receptionists. This form is NOT for scheduling boarding or spa reservations.

Boarding Dates: Arrival: _____ Departure: _____ - Please Confirm Dates: _____
Staff Initial

Are any treatments past due or due soon for your pet?

Check out your pet portal on our webpage and see if your pet is due or almost due for any treatments:

<https://www.vetsecure.com/loverslaneamc.com/login/#sign-in>

Can we update what is past due or due soon (next 30 days) for your pet? ___ Yes ___ No ___ Only what is required

Notes (ie: only update...or update everything except...) _____

Has your pet had/been prescribed or given any medications or special diets in the last 30 days?

_____ Given the date of check in? ___ YES ___ NO When was last dose? _____ (date/time)

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Are you leaving any medications or supplements for us to administer during his or her stay? ___ YES ___ NO

Do you need any prescription refills for your pet today? If so, please list: _____

Type of Food (check one)		Amount	Frequency (check those which apply)	
Maintenance	Own Food		Once (morning evening) OR	Twice daily

Are any of your belongings going to stay with your pet during his/her stay with us? If so, please list:

Would you like your pet to have a bath before going home? ___ YES ___ NO

Does your pet need a simple trim or shave? ___ YES ___ NO (if Yes, consult with Spa Attendant is required)

Please check if you would like a ___ Full or ___ Partial

Spa Attendant Notes & Initials: _____

Would you like your pet to have playtime (15 mins of one-on-one play time with one of our staff members in addition to three walks a day – these are \$10.50 each) during his or her stay with us? ___ YES ___ NO

___ TIMES ___ DAILY ___ EOD OR Su ___ M ___ Tu ___ W ___ Th ___ F ___ Sa ___
 # check which one of these applies or indicate the number of playtime sessions for each day your pet stays with us

Check ONE: My pet will be staying a: ___ Small ___ Medium ___ Large ___ X-Large Kennel OR ___ Cat Condo

My pet will be ___ staying alone ___ sharing a kennel with _____ (dogs and cats cannot board together)

DISCLOSURES, DETAILS & DISCLAIMERS

Pet's Name: _____

Page 2 of the Boarding Reservation Form may be submitted for multiple pets with the same owner/account sharing the same boarding reservation dates. Please add all additional pet's/pets' names below:

We feed a veterinary maintenance diet dry food. If you do not bring his or her own food we will feed twice daily according to his or her weight and activity level unless directed otherwise. We may offer some canned food if your pet is not eating what he or she is offered. Please report to the staff if there are any food allergies or intolerances of which you are aware. Particular accommodations on diets outside of the maintenance dry food may incur additional expenses.

There will be a charge of \$6.00 per day for any medications or supplements administered to your pet or his/her food during your pet's stay. We cannot guarantee that your pet will receive any medications or supplements that you have added to any pre-prepared food/meals. Please DO NOT add medications to your pets pre-prepared food/meals, it is in the best interest of your pet and their neighbor that you do not. Sometimes medications can be discarded by an animal and end up close enough to their boarding neighbor which can be dangerous depending on that pet's particular medical situation. If the staff should notice any medications added to pre-prepared food/meals we will contact you to confirm and you may be charged daily for that administration. Supplements may be added to your pet's pre-prepared food/meals, but when done in this manner we cannot guarantee that he or she will receive all if any of the added supplements.

We make every effort to get you and your pet's/pets' personal belongings to you; however, we cannot guarantee that they will not be chewed, ripped, torn, bleached, stained, or stolen by the boarding neighbor. We also may have to identify personal belongings in a way that may be permanent.

The information on this form will trump any and all preceding reservation details, so if information on this form differs from information provided during the scheduling of the reservation, we will only follow this form.

All animals admitted must be current on the following vaccinations, a fecal and must be free of internal and external parasites. Animals not in compliance will be treated at owner's expense. Any treatments that expire during his or her stay, EVEN IF DECLINED, will also be updated at owner's expense unless specified otherwise by a veterinarian.

DOGS: Rabies, DA2PPV, Bordetella every 6 months, Canine Influenza (H3N2)

CATS: Rabies, FVRCP

Any puppies or kittens must be at least 12 weeks of age and have at least a rabies vaccination, and two distemper combo vaccinations properly boosted within three to four weeks of each other to be admitted into our boarding facility. Because we are an active hospital, the safest measure for your pet(s) is that all vaccinations be administered and be properly boosted at least two weeks before boarding.

If vaccinations are administered, I understand that a small percentage of pets will experience reaction to vaccinations including symptoms such as vomiting, facial swelling, diarrhea, lethargy, loss of appetite, localized pain, localized swelling, anaphylactic shock, and very rarely death. I will hold Lovers Lane Animal Medical Center, owner and staff harmless for any such reaction and understand I am financially responsible for all vaccine and care provided in case of reaction.

Phone number where **you** can be reached during your pet's stay: _____

If you cannot be reached, please provide us with the name and contact information for someone who can make medical decisions for your pet(s) on your behalf:

Emergency Contact Name: _____ Emergency Contact Number: _____

By signing below I state that I have read, understand, been given an opportunity to ask any questions regarding my pet's/pets' stay at Lovers Lane Animal Medical Center, and agree to all statements and requirements.

Owner/Agent's Signature: _____ Date: _____

This must be an original signature, either print, sign, and bring with you to your reservation or email back to us and we'll have it printed and waiting for you!

Witness (clinic staff): _____ Date: _____