



Patient label here

Boarding Intake Information

Owner's Name:

Emergency Contact Information:

Pet's Name(s): _____

Drop Off Date: _____ Pick Up Date: _____

Lindale Pet Hospital WILL treat as necessary to any medical issues that arise during your pet's boarding stay.

If you have multiple pets boarding, can they be kenneled together? **YES NO**

Food and Medication

How often do you feed your pet? **Once daily (AM or PM) Twice Daily**

How many cups per feeding? _____ **cup(s) per meal**

Are you providing your own pet's food? **YES NO**

If yes, what food are you providing? _____

Is Lindale Pet Hospital giving medications to your pet during their stay?

YES NO

If yes, please list the following:

Medication: _____ Once or Twice Daily? _____ Last Dose Given _____

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Please list any items that you will be leaving with your pet:

Lindale Pet Hospital is not responsible for destroyed or damaged items

Additional Services Requested: _____

Boarding Use Only

Circle One If Applicable: BATH/GROOM NAILTRIM EXAM