



Boarding Intake Information

Pet's Name(s): _____

Drop Off Date: _____ **Pick Up Date:** _____

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 damaged items

Additional Services Requested:

_____ \$5 Kong Freezie- _____ Quantity

_____ \$10 Rec Time- _____ Quantity

_____ \$5 Pig Ear Chew (Rawhide free)- _____ Quantity

_____- Flea and tick prevention is **REQUIRED** to board at LPH- a NexGard or Bravecto will be given at the owner's expense.

_____- Lindale Pet Hospital **WILL** treat as necessary any medical issues that arise during your pet's boarding stay at your expense.

Owner Signature: _____