



Lynden Veterinary Hospital

Boarding Request Form

Client Name: _____

Pet's Name _____

Species: _____ Breed: _____ Sex: _____ Color: _____

Check-in Date: _____ Check-out Date: _____

Phone number I can be reached is: _____

If I can't be reached please call: _____ Phone: _____

I feed my animal _____ . I did supply or I did not supply

I feed dry or canned food or both and _____ amount per feeding.

I feed my pet _____ times a day. My pet will need to be fed next at _____.

I would like my pet to be examined by the doctor . I understand there is an additional cost. Please list the areas of concern and duration of the problems:

My pet is currently on medication. treating for: _____

Please list all medications name and strength, how often you give it and when the medication is to be given the next dose:

Med: _____ mg _____ How often _____ Next dose _____

Med: _____ mg _____ How often _____ Next dose _____

Med: _____ mg _____ How often _____ Next dose _____

Med: _____ mg _____ How often _____ Next dose _____

I understand that animals must be current on their vaccines (dogs- DHLPP, Rabies and Bordetella and cats – FVRCP, FeLV, Rabies and Parasite evaluation.) in order to stay at Lynden Veterinary Hospital. If there is no vaccine records provided by me, I give permission for Lynden Veterinary Hospital to update the required vaccines and testing at my expense.

I understand that I will be financially responsible for any charges that may accrue due to an emergency and or treatment of my pet while boarding and hold Lynden Veterinary Hospital free of any liability of such treatments and charges.

Owner Signature: _____ Date _____