



Lytle Veterinary  
Clinic, Inc.

BOARDING ADMISSION FORM

Owner \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Wk # \_\_\_\_/\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Hm # \_\_\_\_/\_\_\_\_

Number you or designated agent can be reached in case of an emergency \_\_\_\_/\_\_\_\_

Pet's name \_\_\_\_\_ breed \_\_\_\_\_ sex \_\_\_\_\_ age \_\_\_\_\_ color \_\_\_\_\_  
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Date of last vaccination:

DHLP \_\_\_\_\_ Bordatella \_\_\_\_\_  
Parvo \_\_\_\_\_ FCVR-CL \_\_\_\_\_  
Corona \_\_\_\_\_ FELV \_\_\_\_\_  
Rabies \_\_\_\_\_

Is animal altered or spayed? \_\_\_\_\_

Instructions while boarding

Medications

- 1. \_\_\_\_\_ @ \_\_\_\_ AM \_\_\_\_ PM \_\_\_\_ PM
- 2. \_\_\_\_\_ @ \_\_\_\_ AM \_\_\_\_ PM \_\_\_\_ PM
- 3. \_\_\_\_\_ @ \_\_\_\_ AM \_\_\_\_ PM \_\_\_\_ PM

Special Diet: \_\_\_\_\_

Physical Exam \_\_\_\_\_ Heartworm \_\_\_\_\_  
Boosters \_\_\_\_\_ Worm Exam (fecal) \_\_\_\_\_  
Bath \_\_\_\_\_ Pedicure \_\_\_\_\_  
Routine bath & dip \_\_\_\_\_ Medicated bath & dip \_\_\_\_\_

While in hospital check

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Fee per day \_\_\_\_\_ medication fee \_\_\_\_\_ bath & dip \_\_\_\_\_

Daily total - \$ \_\_\_\_\_ per day X \_\_\_\_\_ days Total \_\_\_\_\_

If tranquilizing is necessary for treatment or handling I give my permission to Lytle Veterinary Clinic to administer such medications.

All animals entering the hospital must be up-to-date on vaccinations and free of external parasites (fleas, ticks, etc.) or they will be treated upon entry *at owner's expense*.

I also authorize **Lytle Veterinary Clinic** to do whatever is necessary should an emergency situation arise.

Pets are released *only* during regular doctor's hours. If I neglect to pick up the pet within 5 days of the date designated on this form, you may assume that the pet is abandoned and you are hereby authorized to dispose of the pet, as you deem best and necessary.

Signature \_\_\_\_\_