



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 _____