



Lake City Animal
Health & Wellness Center

Welcome to Lake City Animal Health & Wellness Center's Premium Pet Hotel! We are so pleased that you have decided to leave your pet in our care. We know you have entrusted us with a family member, and we will strive to give only the best personal attention to your special friend. Please be sure to fill out the following information sheet so that we may provide the most complete care possible.

****Flea control:** we work hard to control possible flea infestations at our hospital. However, in any setting with multiple pets and outdoor exposure, fleas can be a problem. If your pet has fleas upon entering the hospital, he/she **WILL** be treated and a charge will apply.

Pet's name: _____ **Owner's name:** _____

Weight _____ **Phone #** _____

Boarding Dates: _____ - _____ **Pick-up time:** _____ **am/pm**

***Please note if your pet is picked up after 2pm, an additional boarding day charge will be applied**

PET CARE INFORMATION

Did you bring your pet's food? Yes No	Yes No	How many times per day is your pet fed? 1x 2x 3x Free Choice (food kept in bowl all day) How much food is given per meal? _____ cups When was your pet's last meal? _____ <i>*Kennel maintenance food given twice daily if diet is not provided</i>
Will your pet need any medication administered while boarding with us? <i>*If yes, please fill out medication administration log</i>	Yes No	If yes, when was it last given? _____
Does your pet have a history of eating bedding or blankets?	Yes No	Notes:
Would you like Pamper Sessions for your pet? <i>**A pamper session is a 15 minute one-on-one time with our kennel technicians. We will be happy to engage your pet in their favorite activity (fetch, belly rubs, brushing, etc.). A \$7.50 charge will apply per 15 minute session.</i>	Yes No	How many times per day? _____ What is your pet's favorite activity? _____
Would you like our groomer, Lisa, to groom your pet prior to going home? <i>**The Underground Hound is a separate business. We do not schedule with the Underground Hound, please stop in or call them to schedule a groom*</i>	Yes No	Full Groom (includes bath, haircut, nail trim & gland expression) _____ Or Bath Only _____ Nail Trim Only _____ <i>*Grooming charges will apply *Please note pick-up time above</i> <i>Full Groom Notes:</i> _____
Will your pet need to see the doctor during their stay?	Yes No	If yes, please list which services are needed, and a brief explanation (if applicable):
Is there any other information you would like us to know about your pet?	Yes No	If yes, please explain:

AUTHORIZATION FOR MEDICAL CARE AND FINANCIAL RESPONSIBILITY

In the event of accident, illness, or request of doctor exam and/or treatment (as indicated above), I authorize treatment for my pet(s) as deemed necessary by the veterinary staff of Lake City Animal Health & Wellness Center. I also agree to assume full responsibility for charges incurred during boarding upon pick-up of my pet(s). DISCLAIMER: Any damage done to a suite beyond what's considered normal wear and tear, including, but not limited to, destruction of trim, damage to door and window frames, destruction of Astro Turf, etc., will be charged to the patient's account and will be paid for at time of service/pick up. Blankets and/or bedding that is property of LCAHWC that is destroyed beyond normal wear and tear will also be charged to patient's account and paid for at time of service/pick up.

Signature: _____ **Date:** _____

ALERTS:

- DO NOT FEED
Date: _____
- DO NOT WATER
Date: _____
- SHREDS BEDDING
- USE CAUTION

FOR OFFICE USE ONLY

This Guest Needs:

- Full groom
- Kennel bath only
- Nail Trim only
- Save stool
- Save urine
- See Doctor
- Medication- Fill out log

Pet Name: _____ **Boarding Dates:** _____ - _____ **Pick-up Time** _____

Date	Diet		Pampers Qty. ____/day	Behavior Summary	Miscellaneous Notes for Owner:	Charges Entered
	Own food Qty. _____ meals/day	Kennel food cups/meal Qty. _____ meals/day				
	Circle: AM Noon PM		Initial each session:			
	How much consumed?					
	Qty _____					
	Circle: AM Noon PM		Initial each session:			
	How much consumed?					
	Qty _____					
	Circle: AM Noon PM		Initial each session:			
	How much consumed?					
	Qty _____					
	Circle: AM Noon PM		Initial each session:			
	How much consumed?					
	Qty _____					
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	Qty _____					