

Welcome to Lake City Animal Health & Wellness Center's Premium Pet Lodging! 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.



**Lake City Animal**  
Health & Wellness Center

**Patient's Name:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Owner's Phone #:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Emergency Phone #:** \_\_\_\_\_

**Patient's Weight:** \_\_\_\_\_

**Boarding Dates:** \_\_\_\_\_ -- \_\_\_\_\_

**Pick Up Time:** \_\_\_\_\_

**\*\*Drop off times are listed below \*\*:**

- Mondays, Wednesdays, Thursdays, Fridays : 3pm- 5:00pm
  - Tuesdays: 3pm-6:30pm
  - Saturdays: 8am-11:30am

**\*\*Pick up times are listed below \*\***

- Monday-Friday: 7:30am-12pm
- Saturdays: 8am-11:30am

**If you pick up or drop off outside of these time frames, you will be charged an additional FULL day of boarding for each outstanding drop off or pick up time. Ex: If you need to drop off at 8am and pick up at 1pm – you will be charged 2 extra days of boarding.**

1. Did you bring your pet's food? **Yes** or **No**
- a. How many times per day is your pet fed? \_\_\_\_\_
  - b. How much food is given at each feeding? \_\_\_\_\_
  - c. When did your pet last eat? \_\_\_\_\_
  - d. If your pet is having trouble eating his/her food, may we prescribe and charge a special diet to feed them? **Yes** **No**

**\*\*Kennel maintenance food is given twice daily if food is not provided\*\*.**

2. Will your pet need medication administered while boarding with us? **Yes** or **No**
- a. List medication(s) and instructions:
    1. \_\_\_\_\_
    2. \_\_\_\_\_
    3. \_\_\_\_\_
    4. \_\_\_\_\_

3. Does your pet have a history of eating/shredding bedding or blankets? **Yes** or **No**

4. Would you like Pamper Sessions for your pet? **Yes** or **No**
- a. How many times per day? \_\_\_\_\_
  - b. What is your pet's favorite activity? \_\_\_\_\_
  - c. **Dogs only:** Does your pet get along with other dogs? \_\_\_\_\_ May we put your pet in a playgroup? \_\_\_\_\_

**\*\*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, etc.) A \$8.00 charge will apply per 15 minute session. \*\***

5. Will your pet need to see the doctor during their stay? **Yes** or **No**
- a. If yes, please list which services are needed and a brief explanation
    - i. \_\_\_\_\_

6. Is there any other information we should know about your pet? **Yes** or **No**
- a. 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, 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 the patient's account and paid for at time of service/pick up.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Boarding Dates: \_\_\_\_\_ -- \_\_\_\_\_

Pick Up Time: \_\_\_\_\_

**Alerts on patient:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Food instructions: \_\_\_\_\_

Pampers: \_\_\_\_\_

Date: \_\_\_\_\_

Diet:

Morning \_\_\_\_\_

Noon \_\_\_\_\_

Evening \_\_\_\_\_

Pampers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes:

Date: \_\_\_\_\_

Diet:

Morning \_\_\_\_\_

Noon \_\_\_\_\_

Evening \_\_\_\_\_

Pampers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes:

Date: \_\_\_\_\_

Diet:

Morning \_\_\_\_\_

Noon \_\_\_\_\_

Evening \_\_\_\_\_

Pampers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes:

Date: \_\_\_\_\_

Diet:

Morning \_\_\_\_\_

Noon \_\_\_\_\_

Evening \_\_\_\_\_

Pampers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes:

Date: \_\_\_\_\_

Diet:

Morning \_\_\_\_\_

Noon \_\_\_\_\_

Evening \_\_\_\_\_

Pampers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes:

Date: \_\_\_\_\_

Diet:

Morning \_\_\_\_\_

Noon \_\_\_\_\_

Evening \_\_\_\_\_

Pampers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes:

Date: \_\_\_\_\_

Diet:

Morning \_\_\_\_\_

Noon \_\_\_\_\_

Evening \_\_\_\_\_

Pampers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes:

Date: \_\_\_\_\_

Diet:

Morning \_\_\_\_\_

Noon \_\_\_\_\_

Evening \_\_\_\_\_

Pampers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes:

Additional notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_