SESSELLE.	

BOARDING ADMISSION FORM

Lesslie Animal Hospital 770 Riverview Rd. Rock Hill, SC 29732 (803)324-8890

				(003/324-8650
OWNER:	1-1-01=	Ls	DATE	
EMERGENCY PHONE:		7116-1-4	PHONE:	**************************************
BOARDING DATES: ++0-	10 h		THOMAL.	
PET(S) NAME(S):				
BREED:		SEX:		
COLOR:		AGE:		
DO ADDING LEVEL		AUL.		
INSTRUCTIONS:				
	hat your pot/s) will pand	المراجعة والمالية		
Please mark below, if any, wl	rat your pet(s) will need w	nile their stay nere at i	Lessile Animai Ho	ospital.
Vaccination(s):				
• •	·			
	RCPFELV		RABIES	Records are i
Heartworm Tost	LPPCORONA	BORDETELLA	=RABIES	chart. o said
Heartworm Test		fntestinal F	Parasite Exam	cau before
Bath or Groom on this dat				T {
Please list any special	instructions:			<u>doing</u> any vai
Nail Trim				······
Nail TrimExpress An				
Feed special diet or special	reeding instructions:			
Give medications as directe				· · · · · · · · · · · · · · · · · · ·
Medication(s)	Frequency	Begin	ning Date and Ti	me of Day
Strongid	25ml 510x	$\frac{3}{4}$	<u>u</u>	
Dational beaution as the second				
Patients boarding at Lesslie An	imal Hospital are required	l to be up-to-date on v	accines, given by	a licensed veterinarian.
The requirements for canines	are Office Visit, DHPP, Rab	ies, Bordetella and an	intestinal parasit	e exam within the past
rear. The requirements for feli	nes are Office Visit, FVRCF	, Rabies, Bordetella ar	nd will be given d	e-wormer while they
tay at the clinic unless up-to-c	late within the last year. If	vaccines were not adi	ministered at Les	slie Animal Hospital we
lo ask that you bring proof pri				
understand that during the le	ngth of stay at Lesslie Anir	nal Hospital unforesee	n conditions ma	y arise necessitate Dr.
etzer to examine and/or treat	my pet as deemed necess	ary and desirable by t	he doctor's profe	essional judgment.
herefore, I agree to any neces	sary medications and/or p	procedures (and their a	associated fees) t	hat may occur during my
et(s) stay here Payment for	boarding is expected upo	n pet(s) release. Pleas	se be aware we	close at 6 PM. If you are
nable to pick your pet up, you	will be charged for an ac	ditional night of boar	ding. —	•
have read and understan	ID THIS AUTHORIZATION	AND CONSENT	5	
	>			
		Date:		
Signature of owner or a	gent _	\		***************************************
/#//)		
11/	/ / /		1 1	
		Dato:	11/10/27	2
Witness		Date:_	11/10/27	2

BOARDING REMINDERS!

(PLEASE READ AND SIGN BELOW WHEN FINISHED)

MUST BE UP TO DATE ON FOLLOWING VACCINES:

- ✓ RABIES
- ✓ BORDATELLA
- ✓ FVRCP
- ✓ LEPTO
- ✓ DEWORMER (PROFENDER ETC)
- -Unfortunately, we do not allow the following at check-in time...
 - ✓ BOWLS
 - ✓ BLANKETS
 - ✓ TOYS
 - ✓ BEDS
 - ✓ Collars/Leashes (With the exception of seresto collars)

We ONLY allow FOOD/TREATS/MEDS (MEDICATION **MUST** BE IN ORIGINAL CONTAINER) to be brought in at the time of boarding your fur baby. We do not want any of your belongings to get lost or misplaced.

PICKUP and DROP OFF TIMES-

- ✓ WE DO NOT ALLOW PICKUP/DROP OFFS BETWEEN 11:30AM-2PM
- ✓ Pick-ups and drop offs times: 8-11:30am and 2-5:30pm

Please be aware that we close at 6pm. If you are unable to pick your pet up, you will be charged for an additional night of boarding.

SIGNATURE OF OWNER

DATE

WITNESS