



Allison Lane Animal Hospital

1660 Allison Ln., Jeffersonville, IN 47130 phone: 283-4910 • fax: 283-4475

BOARDING INFORMATION

Dates of Boarding: From: ___/___/___ To: ___/___/___.

Time you will pick up: _____ (must be after 4pm if receiving a bath)

Emergency Contact: Name: _____ Phone: _____ Relationship: _____

Food to be fed (circle one) Clinic Food Owner's Food If your food, Type/Brand: _____

Amount Per feeding: _____ Frequency(circle one): Once daily Twice daily

Has your pet been fed yet this morning/tonight? ___Yes ___No, please do.

Medications: (medicated boarders are charged an additional \$5.25 per night) _____

Has your pet received his/her meds? ___Yes, morning meds ___Yes, night meds

Luggage (please describe in detail): _____

****All owners please note: items of great value should not be left with your pet while boarding. Due to normal animal behavior, items left may be damaged and/or lost.****

Other services required/requested (check all that apply):

Canine Rabies vaccine Upper respiratory vaccine (cat) Heartworm test (dog)

Feline Rabies vaccine Kennel Cough vaccine (dog) Fecal

Distemper/parvo vaccine (dog) Other: _____

Bath (bathes run from \$22 and up depending on size and hair. Ask receptionist for an estimate)

___Yes, I want a bath for my pet, ___No, I don't want a bath for my pet

****We walk dogs regularly and make every effort to keep them clean. However, boarding pets on occasion may soil themselves and need a bath to properly clean them before going home. If this occurs with your pet, do you (please check one) _____ want to be contacted or _____ give us permission to do a bath**

****Please note: We request that all boarders receiving a bath be picked up after 4:00pm on the day they are leaving to allow time for a bath.**

OWNER SIGNATURE: _____ DATE: _____

STAFF USE ONLY: receptionist initials: _____ assistant initials _____