

Pick Up Date: _____
(OFFICE USE)

Boarding Admission Form
Yankee Hill Veterinary Hospital
2829 Jamie Lane
Lincoln, NE 68516

Date: _____

Pet Name: _____

Owner Name: _____

Sex: _____

Authorization to Board

- I understand that all vaccines must be up-to-date and proof is required for each stay. If proof cannot be provided, Yankee Hill Veterinary Hospital will vaccinate and owner will be responsible for cost of treatment. I also understand that if my pet is on any medications there will be a daily charge of \$2.00.
- I do not hold Yankee Hill Veterinary Hospital liable for any items lost or damaged.
- Any medical condition that may occur will be treated at the discretion of Yankee Hill Veterinary Hospital. This includes but is not limited to, internal and external parasites and skin, gastro-intestinal and respiratory problems. I understand that I am financially responsible and authorize Yankee Hill Veterinary Hospital to treat as necessary.
- I acknowledge that animals can become stressed in boarding situations which can manifest underlying issues or conditions. Stress can also lower the immune response which can make them more susceptible to illness. Yankee Hill Veterinary Hospital does everything possible to minimize the risk of exposure to infectious diseases. Therefore, I do not hold Yankee Hill Veterinary Hospital responsible for any conditions or treatment costs associated with boarding at their facility.

Is _____ taking any medication? Yes No
(OFFICE USE)

If so, name the medication and dosage: _____

Any toys or household items brought in? _____

Does _____ require a special diet? _____
(OFFICE USE)

How often and how much is _____ fed everyday? _____
(OFFICE USE)

Is there any other service we can provide during _____'s stay? _____
(OFFICE USE)

Signature: _____

Phone Number: _____ Cell: _____

Emergency Contact: _____

Phone Number: _____ Cell: _____