

Polk County Animal Hospital, P.L.

7433 U.S. Highway 98 North

Lakeland, Florida 33809

Prepared by: _____

Boarding Instructions

Owners Name: _____

Name of Animal: _____

As owner or agent for the above listed pet, I have instructed the staff of Polk County Animal Hospital to care for my pet in the manner described below:

I. Feeding Instructions :

I would like my pet fed a standard maintenance diet once daily following the manufacturers recommended feeding amount for my pet's weight.

I have provided my own food for my pet to eat while boarding.
The amount and frequency to feed should be as follows:

_____ cups / cans _____ daily

II. Special Medications

Please list each medication with appropriate instructions

- 1) _____
- 2) _____
- 3) _____
- 4) _____

III. Personal Property:

The following items have been left with my pet while boarding.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

IV. Prescription Refills:

If authorized by the doctor, I would like the following medications refilled for my pet

- 1) _____
- 2) _____
- 3) _____

V. Additional Services:

In reviewing your pet's medical record we have found the following services are past due or will be due within the next month.

_____ DHLPP / DHLPP & Corona	_____ Fecal Exam
_____ FVRCP	_____ Heartworm Test
_____ Rabies (Tag ? yes / no)	_____ Heartworm Prev. _____
_____ Feline Leukemia	_____
_____ Kennel Cough Vaccine	_____
_____ Parvo Virus Vaccination	_____

_____ Date

_____ Signature of owner or agent