



LANIER ANIMAL HOSPITAL

5700 Cumming Highway
Building B
Sugar Hill, GA 30518
tel: 770.831.5965
fax: 770.831.3043
www.lanieranimalhospital.com

Lanier Animal Hospital Exotic Boarding Registration

Client Name: _____ Pet Name: _____ Phone #: _____

Pick Up Date & Time: ____/____/____ ____:_____

If you pick your pet/pets up after 12PM you will be a charged half a day fee _____

Notes: Anything we may need to know?

Feeding Instructions: Must Provide Own Food (Each meal is to be separated & labeled.)

Hay Amount: _____ Pellets Amount: _____ Insects Amount: _____
 Veggies/Fruit Amount: _____ Avian Food Amount: _____
How many times a day? _____

Does your pet still need to be fed today? AM Meal PM Meal None

Does your pet have any special feeding instructions?

Medications & Supplements: There is a fee of \$2.00 per administration.

All medications MUST be kept in their original container. Do NOT mix with food.

Medication: _____ Dose: _____ AM PM 3X Refill?
Medication: _____ Dose: _____ AM PM 3X Refill?
Medication: _____ Dose: _____ AM PM 3X Refill?

When do we need to start medications? _____

Flea Prevention: LAH is a flea free environment. If your small mammal is found to have fleas they will be treated at the owner's expense, typically a range of \$20-\$30.

Pet's Personal Belongings: (Lanier Animal Hospital is not responsible for lost or damaged items.)

Special Care Instructions (Must bring anything needed):

Hand feeding (reptiles) Heat lamp (reptiles) Temp & How Long? _____
 Body Mist Avian cage covered (when & how often?) _____
 Lighting (reptiles) Time on & Time off? _____

Other: _____



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Hygiene Services: If you would like your exotic pet to have these services while he/she is boarded, please check the boxes below.

- Reptile Nail Trim - \$22.00
- Avian nail trim \$28.00
- Avian beak trim \$22.00 - \$30.00
- Small Mammal Sanitary Clip - \$21.00
- Small Mammal Nail Trim - \$21.00

Veterinary Services:

Does your pet need to see a veterinarian for any services? Yes No
(Examination fee applies. Please allow time at check in for our technicians to get a history on your pet.)

Are there any problems or concerns? Please list:

IN CASE OF AN EMERGENCY OR ILLNESS: The doctors at Lanier Animal Hospital will make **every effort** to contact you or your emergency contact in the event your pet becomes ill during his/her stay with us. **However, in the case we cannot reach you or your emergency contact, we will do an exam & start medication on your pet at your expense, which typically does not exceed \$250.** We do not want your pet to suffer or to put other pets at risk for potentially contagious diseases.

Special Instructions for emergency care:

Preferred contact method: Call Text Email

Primary Authorized Emergency Contact:

Name: _____ Phone: _____ Email: _____

Secondary Authorized Emergency Contact:

Name: _____ Phone: _____ Email: _____

Email (For communication while your pet is boarding, especially if you can not be reached by phone): _____

_____ I have received & signed estimate(s) for veterinary services, boarding services, and grooming services & agree to pay all charges.

_____ I have received & read the separate boarding policies document.

Signature: _____ **Date:** _____