

**Azalea Lakes Veterinary Clinic**

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[www.azalealakesvetclinic.com](http://www.azalealakesvetclinic.com)

Please fill out one form for each pet that will be staying with us.  
If your pet will also be having an exam, please also fill out a drop off form with details of the nature of the visit.

**BOARDING AGREEMENT**

**Client Name:**  
**Address:**

**Patient:**  
**Species:**  
**Breed:**  
**Sex:**  
**Color:**

**Phone Number:**

**DATE & TIME OF PICK UP** \_\_\_\_\_  
**EMERGENCY CONTACT OTHER THAN OWNER, NAME** \_\_\_\_\_  
**PHONE** \_\_\_\_\_

ARE YOUR PETS CURRENT ON VACCINATIONS?  **YES**  **NO**

IF NO, WOULD YOU LIKE YOUR PET'S VACCINATIONS UPDATED?  **YES**  **NO**

WOULD YOU LIKE YOUR PET BATHED BEFORE PICK-UP?  **YES**  **NO**

Pets are bathed the morning of pickup. If your pet is having a bath, please pick up after 12:00pm. (This is an additional cost depending on size.)

WOULD YOU LIKE YOUR PET TO HAVE ITS NAILS TRIMMED?  **YES**  **NO**  
(This is an additional cost)

**SPECIAL DIETS, MEDICATIONS, OR CARE INSTRUCTIONS?**

\_\_\_\_\_  
\_\_\_\_\_

Reasonable precautions will be used against injury, escape, or death of this pet. The clinic and staff will not be held responsible for problems that develop provided reasonable care and precautions are followed. I understand that any problems that develop with my pet will be treated as deemed best by the staff veterinarian and I assume full responsibility for the treatment expense involved.

**\*\*\*I understand that if my pet has live fleas/ticks present at the time of check in, he/she will be given a dose of flea/tick preventative at my expense.\*\*\***

**\*\*\*For animals that are stressed during boarding:** Zylkene is a supplement and natural remedy which helps to create a feeling of calm and relaxation in dogs and cats. It is useful for reducing anxiety felt during stressful situations. Would you like for your pet to be given this once daily medication while boarding?

**Zylkene: Yes  No**

**Signature of owner or responsible party** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*PAYMENT IS EXPECTED AT TIME OF SERVICES\*\*\***