



# LINDEN HEIGHTS ANIMAL HOSPITAL

## Boarding Admission and Living Will

Client Name: \_\_\_\_\_ Food: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Last Fed: \_\_\_\_\_

Boarding Dates: \_\_\_\_\_ Feeding Instructions: \_\_\_\_\_

Who will pick up pet: \_\_\_\_\_

Personal Items:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ (Initial) Linden Heights Animal Hospital is not responsible for any lost or damaged items.

Medications: (Highlight meds that need refilled)

Next dose due:

- |                          |       |       |
|--------------------------|-------|-------|
| <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ |

Exam needed: (Y/N)

Update Vaccines:

Fecal: \_\_\_\_\_ Heartworm Test: \_\_\_\_\_ Bloodwork: \_\_\_\_\_

### Instructions for the health care of my pet:

In the event of an emergency I authorize the following treatments to be performed:

\_\_\_\_ (CPR) I DO authorize Linden Heights Animal Hospital to perform lifesaving treatments on my pet. This may include the administration of medication, chest compressions, oxygen, ventilation, and other emergency measures deemed medically appropriate. I understand that in this event I will be contacted when the veterinarian is able to step away from the pet. I assume financial responsibility of all lifesaving treatments.

\_\_\_\_ (DNR) I DO NOT authorize Linden Heights Animal Hospital to perform lifesaving treatments on my pet. I authorize the attending veterinarian to minimize pain and suffering after the attempt to contact me. If the veterinarian is unable to contact me, I authorize the attending veterinarian to make the medically appropriate decision that may include euthanasia.

I HAVE READ AND UNDERSTAND THE AUTHORIZATION AND CONSENT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number where I can be reached: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Number: \_\_\_\_\_

