

LCAH BOARDING ADMISSION FORM

Owner's Name _____ Pet: _____

Drop Off Date/Time _____ Pick up Date/Time: _____

(normal business hours ONLY)

Please circle boarding preference for **DOGS**

Ward / Run

We recommend a boarding ward for dogs under 30 pounds; boarding run for over 30 pounds.

Please circle boarding preference for **CATS**

Kitty Ward / Kitty Condo / Kitty Condo with Window

Please list names if boarding with other pet(s) _____
(it will be our discretion, and charged accordingly, if we have to separate pets boarding together)

Exercise Pavilion=Extra playtime – \$9.95 for 20 minutes a day YES / NO _____

Please list any personal items and quantity (i.e., blankets x 1, toys x 2, food, etc., BE SPECIFIC.) _____

Name & number of responsible party to be reached in an emergency

Is your pet allergic to any drugs? Which ones? _____

Has your pet had any illness or injury in the past 30 days? _____

Is your pet on any medication? What? _____

Feed Instruction: Own Food / Kennel Food _____ Cups(s) _____ x/Day

Special Feeding Instructions: _____

Dismissal Bath: YES / NO Toe Nail Trim: YES / NO Professional Groom: YES / NO

Other services while boarding (dental, micro-chipping, etc.) : YES / NO

Admitting Assistant Initials: _____

Discharge Assistant Initials: _____

LCAH OWNER RELEASE

I understand you cannot guarantee the health of my pet(s). I understand and will not hold Lake Chatuge Animal Hospital responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner / agent's expense.

Vaccines required for boarding:

Canines: Rabies, DHPP, Bordetella and Influenza

Felines: Rabies, PRC

If vaccinations were performed elsewhere, I will provide written documentation they were administered by a licensed veterinarian or authorize release of such records by email or fax.

_____ I authorize _____ to release vaccine records to LCAH.
(Name / phone number of clinic/hospital)

I understand that in the event of pet's illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I or my agent can be reached.

Please INITIAL **ONE** OF THE BELOW OPTIONS you prefer in case any problems are observed.

_____ Please **diagnose and treat my pet as required**, you need not call me.

_____ Perform **only emergency and supportive services**. **Notify me for permission to begin any other diagnostics and/or treatment. Should a life threatening EMERGENCY** arise, I authorize the medical staff to sedate my pet if necessary, and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified.

_____ **Do not perform any diagnostic and/or treatment** of any non-emergency development **UNTIL I am notified and provide consent** for you to evaluate and treat as necessary. Only supportive, life-saving, emergency treatment is allowed, but **MUST BE DOCUMENTED**.

_____ I understand that if medication is administered while boarding there will be a fee for this service.

I also understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding.

Lake Chatuge Animal Hospital is to use all reasonable precaution against injury, escape, or death of my pet(s). The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that for any problem that develops, my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

Date: _____ Owner / Agent: _____

Name & Phone Number of Responsible Party to be reached in an Emergency:

Special Notes And / Or Instructions: