

Lago Vista Animal Clinic Boarding Consent Form

Owner's Name: _____ Pet's Name: _____ CID: _____
 Drop off date: _____ Pick up date: _____ AM / PM Best phone number: _____
 Emergency Contact: _____ Phone(s): _____

Food – Please list your pet's usual brand/type of food and typical feeding schedule.

Dry: _____ Amount per meal: _____ Frequency: _____
 Wet: _____ Amount per meal: _____ Frequency: _____
 Treats: _____ Amount: _____ Frequency: _____
 Special Instructions: _____

Medications – Please list any medications your pet is currently on.

Drug Name & Strength	Dosage Instructions	Time Last Given
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

ADDITIONAL FEES WILL BE CHARGED FOR ADMINISTRATION OF MEDICATIONS WHILE BOARDING

Personal Items – Please list all items you have left with your pet today. While we make every effort to ensure items are returned, we are not responsible for personal items that are left with your pet. Any item that may be washed will be marked with your pet's information.

Is your dog able to jump/climb fences? Yes / No
Do you want your pet to have a bath before going home? Yes / No
 In order to allow us to bathe your pet on the last day of boarding, please pick up after 2 PM. If you need to pick up earlier, please request the bath to be done before the last day of boarding.
Are there any additional services you would like performed during your pets stay? Yes / No

FLEAS: To prevent flea infestation of the hospital and our patients, all incoming pets are carefully examined for evidence of fleas. If your pet is not currently on a veterinarian prescribed flea prevention, or if fleas are detected, a preventative will be given at the owner's expense. This policy is to protect your pet as well as others.

Current Flea Product Used: _____ **Date of Last Dose:** _____

HEALTH: To protect the health of your pet and others, all pets must have had a full exam at our clinic within the past year and be current on their vaccinations. **Dogs: Rabies, DHPP, & Bordetella** **Cats: Rabies & FVRCP**

ILLNESS: If your pet becomes ill or requires medical attention while boarding with us, they will be examined and treated by a veterinarian at the owner's expense.

I understand and agree that any incurred boarding or medical expenses will be the responsibility of the owner or agent and must be paid for at the time my pet is picked up.

Owner's Signature: _____ Date: _____

NOTICE: ANIMALS ARE NOT ATTENDED OVERNIGHT. WE DO NOT HAVE A SPRINKLER SYSTEM