

LVVS BOARDING DOCUMENT

On-line Boarding Release. Sections in italics will be completed upon arrival by LVVS Staffers. Please complete this form, then print and bring it with you.

Owner:

Flea Check:

Any animal found to have fleas or evidence of fleas will be treated with Capstar@.

Animal Name:

Capstar?:

Species:

Breed:

Weight (at admission):

Age:

Color:

Sex:

Arrival Date & Time:

Emergency Contact Person(s) and Phone(s)

Staffers Admitting Pet:

(please include dates if traveling and/or times ok to call)

Anticipated Departure Date:

Staffers Discharging Pet:

Food & Feeding Instructions:

Kennel Food is an easily digested diet. It is fed by the weight of your pet; offered and refreshed twice daily.

Pets who are "free fed" at home will have amount to be given divided into two meals; food will be offered and refreshed twice daily.

Medications (Name, Strength, Directions). Please bring all medications in their original bottles with the veterinarian's instructions on the bottle (especially if we are to give a medication prescribed by another Doctor).

Belongings (belongings are left at your own risk):

Are services to be performed during boarding stay: Yes or No. If Yes, please list:
(Note: additional release form required for any services beyond Bath or Toe Nail Trim)

Please read, complete and sign the following:

If conditions are discovered that require EMERGENCY treatment or diagnostics during the time <animal> is boarding:

- No need to call: proceed according to Doctor's judgment.
- Call at any time
- Call during business hours (7am to 6pm); otherwise, proceed according to Doctor's judgment.
- Call ONLY if cost of treatment is reaching or exceeding \$ _____; otherwise, proceed according to Doctor's judgment.
- Call me first, if you can not reach me, then schedule for a separate procedure at a later date. However, I do realize that LVVS is obligated to keep <animal> stable and comfortable, and treatment will be given if deemed necessary by the Doctor.

I have read the above agreement & instructions and verify that I am the owner or duly authorized agent of <animal>. I do hereby consent and authorize Lamoille Valley Veterinary Services and its staff to administer boarding care and emergency or emergent care (see authorizations above) while <animal> is boarding at LVVS. If it should happen that <animal> injures or soils <his>self, becomes ill or dies while under appropriate and attentive care, I will hold Lamoille Valley Veterinary Services and its staff free of responsibility and/or liability related to that event. I further realize that I am responsible for payment of the fees for procedures and treatments in full at the time <animal> is discharged. I also acknowledge that these fees are for services performed in an honest attempt to help my pet and me and that no guarantees can be made as to outcome.

I agree to the terms outlined and will notify LVVS if the anticipated length of stay changes prior to or within 24 hours of the original pick-up time.

Signature _____

Date _____

Owner:	Animal:	MR #:
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Date	AM Diet	⊕				PM Diet	⊕
Initials	Time	Walked/ Δ Litter	BM	Urine	Bd Care	Comments	
	a/p						
	a/p						
	a/p						
	a/p						
	a/p						
	a/p						
Medication							
						7a	3p
						7a	3p
						7a	3p
						7a	3p

Date	AM Diet	⊕				PM Diet	⊕
Initials	Time	Walked/ Δ Litter	BM	Urine	Bd Care	Comments	
	a/p						
	a/p						
	a/p						
	a/p						
	a/p						
	a/p						
Medication							
						7a	3p
						7a	3p
						7a	3p
						7a	3p

Date	AM Diet	⊕				PM Diet	⊕
Initials	Time	Walked/ Δ Litter	BM	Urine	Bd Care	Comments	
	a/p						
	a/p						
	a/p						
	a/p						
	a/p						
	a/p						
Medication							
						7a	3p
						7a	3p
						7a	3p
						7a	3p