

LVVS BOARDING DOCUMENT

Owner: _____

Emergency Contact Person(s) and Phone(s)
please include dates if traveling and/or times ok to call:

Animal Name: _____

Species: _____ *Sex:* _____

Arrival Date: _____ *Time:* _____

Signalment Notes: _____ *Staffers Admitting Pet:* _____

Flea Check: _____ *Weight:* _____ *Capstar?* _____

Anticipated Departure Date: _____ *Staffers Discharging Pet:* _____

Medications

Belongings (belongings are left at your own risk):

Food & Feeding Instructions

Has own food – brand name:

Kennel Food
(easily digested diet; fed by weight of pet;
offered and refreshed twice daily)

Directions if HOF:

Please note: pets who are “free fed” at home will have amount to be given divided into two meals; food will be offered and freshened twice daily.

Are services to be performed during boarding stay: Yes No
If yes, please complete & sign LVVS Hospital Release Form

Please read, complete and sign the following:

If conditions are discovered that require treatment or diagnostics during the time my pet is boarding:

- _____ Proceed according to Doctors’ judgment
- No need to call
 - Call at any time
 - Call during business hours (7am to 6pm)
 - Call if cost of treatment is reaching or exceeding \$ _____

_____ 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 my pet stable and comfortable, and treatment will be given if deemed necessary by the Doctor.

I have read the above agreement and verify that I am the owner or duly authorized agent of the pet listed. 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 my pet is boarding at LVVS. If it should happen that my pet injures or soils himself or herself, 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 the 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 hrs of the original pick-up time.

Signature _____

Date _____

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Signature

Date