

LEESVILLE ANIMAL HOSPITAL BOARDING ADMISSION FORM

Boarding Dates: _____ to _____

Check-in: M/W/F 7:30am-5pm Tue/Thu 7:30am-6pm Sat 9am-1:30pm

Owner's Name: _____

Check-out: M-F 7:30am-5:30pm Sat 9am-1:30pm

Pet's Name: _____

Sun Boarding Pickup: 5pm-6pm*

Breed: _____

*Sunday night is charged as all daily services have been performed by 5pm

Vaccination Policy: ALL animals must have proof of current vaccinations. Dogs: DHPP, Rabies and Bordetella. Cats: FVRCP and Rabies. Proof of vaccinations must be presented upon check-in, or the vaccines will be updated at the owner's expense.

Vaccinations and/or additional services needed: _____

Parasite Policy: ALL pets must be free of internal and external parasites. IF parasites are detected, treatment will be given at the owner's expense.

Belongings: ALL belongings left with your pet must be marked with their name. We cannot be responsible for any items left with your pet and return cannot be guaranteed. Please ask for items at check-out. Please list any items left with pet: _____

Bathing/Grooming: We recommend that all pets be bathed or groomed before going home. All baths are performed using the HydroSurge bathing system. We offer grooming by appointment (M-F). Please pick up after 2 pm if your pet is bathed/groomed.

Basic Bath includes shampoo/brush out _____

Premium Bath includes above AND ear cleaning, anal gland expression, nail trim _____

Grooming (by appointment only) _____

Special Care Diet: We feed Purina E/N for no add'l charge OR you may bring your own food at no additional cost.

Hospital Diet _____ Own Food _____

Feeding Instructions: _____

Special Care Medication: Medications will be administered at an additional cost per day. Please be certain all medications, whether prescription or otherwise, are labeled accurately.

Drug & directions: _____ Next Dose: _____

Drug & directions: _____ Next Dose: _____

Drug & directions: _____ Next Dose: _____

Boarding Services: (specify dates) Cats – Individual Playtime/Brushing (add'l cost/20 min) _____

Dogs – Extra Walks (add'l cost per walk) _____

Boarding Package (Includes daycamp) _____

Individual Playtime (add'l cost/20 min session) _____

I would like my pet's pictures displayed on the Lobby TV of Leesville Animal Hospital. YES:___ NO:___

PET CARE AGREEMENT

Should a medical need or emergency arise, I, the undersigned, owner or agent of the admitting patient (pet), authorize treatment and/or diagnostic procedures as deemed necessary by the attending veterinarian. I also assume full financial responsibility for all charges incurred on behalf of patient, and agree to pay all such charges at the time of release. Leesville Animal Hospital will not be responsible for loss of a pet due to escape, theft, fire, death or acts of God. In case of death, this facility has the authority to have an autopsy performed by an outside party to determine cause. Any pet left over thirty (30) days without payment will be considered abandoned. Please note: a boarding fee will apply should your pet not be picked up upon closing. The doors close MWF at 5:30pm, T/TH at 7:00pm Sat at 2pm, and Sun pick up is between 5pm and 6pm. Payment (cash, debit, visa, mastercard, discover) is due at the time of pick up. NO checks accepted. This form is considered a legal contract and my signature means I have read and accepted its terms, including the understanding of any fees.

Signature of Responsible Party: _____ Date: _____

Emergency Contact Name & Phone: _____

Authorization to release my pet to another party: _____ Initial _____