

Leesville Animal Hospital Boarding Admission Form

Boarding Dates: _____ to _____

Owner's Name: _____

Pet's Name: _____

Breed / Color: _____

Check-In:
M/W/F 7:30a-5p / Tue/Thurs 7:30a-6p / Sat 9a-1p
Check-Out:
M-F 7:30a-5:30p / Sat 9a-1p
Sun Boarding Pickup: 5p-6p*
***Sunday night is charged as all day services have been performed by 5p**

Vaccination Policy: ALL animals must have proof of current vaccinations. Dogs: DHPP, Rabies, Bordetella, and Intestinal Parasite Screening. Cats: FVRCP, Rabies, and Intestinal Parasite Screening. **Proof of vaccinations must be presented upon check-in, or the vaccinations 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 your 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 1pm if your pet is bathed/groomed.**

Basic Bath- Includes shampoo/brushout: _____

Premium Bath- Includes above AND ear cleaning, anal gland expression and nail trim: _____

Grooming (by appointment only)- _____

Special Care Diet: We feed a GI diet for no additional charge, OR you may bring your own food at no additional cost.

Hospital Diet: _____

Own Food: _____

Feeding Instructions: _____

Special Care Medications: **Medications will be administered at an additional cost per day.** All medications, whether prescription or otherwise, MUST be in the original prescription labeled bottle. **WE CANNOT ADMINISTER MEDICATIONS OTHERWISE.**

Drug & Directions: _____ Next Dose: _____

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Boarding Services: (Please 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 sessions) _____

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 the 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 5:30p T/TH at 7p, Sat at 2p and Sun pick up is between 5p-6p. Payment (cash, debit, visa, mastercard, discover, american express, care credit) 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 term, including the understanding of any fees. **By signing this form, I give permission to Leesville Animal Hospital to use the pictures and/or videos taken of my pet in their hospital or on their Facebook and/or webpage.**

Signature of Responsible Party: _____ **Date:** _____

Emergency Contact Name & Phone Number: _____

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