

**Lyon County Animal Hospital  
Boarding Policies and Medical Consent**

**Pet Name:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Check in date:** \_\_\_\_\_ **Check out date:** \_\_\_\_\_

**Contact Information**

Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact Information:** Persons listed are assumed authorized to make medical decisions for your pet.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**Boarding Information:**

Diet: \_\_\_\_\_ Feeding Instructions: \_\_\_\_\_

List items left with pet: \_\_\_\_\_

Medication (additional \$1.00 per day)

1. \_\_\_\_\_ Time given: \_\_\_\_\_

2. \_\_\_\_\_ Time given: \_\_\_\_\_

- Last administration of medication: \_\_\_\_\_

**Additional Services:**

	<b>Price</b>	<b>Circle</b>	<b># times</b>
1. Extra Play time (10 min sessions)	\$3.00	Y N	_____
2. Nail Trim	\$6.00	Y N	_____
3. Daily Dental Treat	\$2.50	Y N	_____
4. Furminator Brush Out	\$3.00	Y N	_____
5. Bath (Free after 5 consecutive nights)	\$10-15	Y N	_____

**For Hospital Use Only:**

Distemper \_\_\_\_\_ Rabies \_\_\_\_\_ KC \_\_\_\_\_ FeLV \_\_\_\_\_ Staff \_\_\_\_\_ Client \_\_\_\_\_

Fleas \_\_\_\_\_ Ticks \_\_\_\_\_ Treatment \_\_\_\_\_ Staff \_\_\_\_\_ Client \_\_\_\_\_

Appointments \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

## Lyon County Animal Hospital Boarding Policies and Medical Consent

Owner: \_\_\_\_\_

Pet Name: \_\_\_\_\_

### Boarding Policies

*Please review our policies. By signing this policy, you agree to the terms outlined below.*

1. LCAH requires your pet to be current on vaccines. Canine vaccine requirements include DA2PP, Rabies, and Bordetella. Feline vaccine requirements include FVRCP, Calici, Rabies, Bordetella, and recommended Feline Leukemia. Physical records from the Veterinarian administering the most recent vaccinations will be accepted. Refusal of vaccination or unable to provide proof of vaccination will result in termination of the boarding appointment.
2. LCAH guarantees a flea free environment. Our Staff will examine your pet for fleas and other external parasites with you present. If external parasites are found, treatment will be provided at your expense. Refusal to treat your pet will result in the termination of the boarding appointment.
3. LCAH is not responsible for lost or damaged items left with your pet while boarding.
4. Care during nighttime hours and weekends is provided at the discretion of the attending staff. Continuous presence of personnel may not be provided during these hours.
5. Special needs pets and pets requiring daily medications are accepted. Medication administration is an additional charge per day.
6. LCAH reserves the right to deny boarding for continuously aggressive pets.
7. LCAH will examine any pet showing signs of illness or has not eaten in 48 hours for the safety of your pet
8. Drop off and pick up times will only be during regular business hours unless otherwise noted.
9. LCAH uses reasonable precaution to ensure your pet's safety, yet makes no guarantee regarding the results.
10. After the second missed boarding appointment without prior cancellation notice, termination of boarding privileges will occur.
11. If your pet becomes sick or injured during his/ her stay, LCAH policy is to contact you before any medical treatment. If your contact numbers cannot be reached, the Emergency contact will be contacted with assumed authorization to make medical decisions for your pet. **If all of the given contacts cannot be reached, LCAH will treat your pet as you have determined below.**

**Please read carefully and initial one.**

**\*\* I do** \_\_\_\_\_ authorize all Emergency medical treatment as the Veterinarian deems necessary if the provided contact numbers cannot be reached. I am aware and accept responsibility for applicable charges coinciding with additional medical treatment.

\_\_\_\_\_ No cost limit on treatment    \_\_\_\_\_ Treat only to this amount (I am aware of possible consequences) \$ \_\_\_\_\_

**\*\*I do NOT** \_\_\_\_\_ authorize any medical treatment without my consent. I understand that this decision could potentially be fatal to my pet if an emergency arises.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

## Lyon County Animal Hospital Policies

Owner: \_\_\_\_\_

Pet Name: \_\_\_\_\_

### *Hospital Policies*

*Please review our Hospital policies as some have changed. By signing this policy, you agree to the terms outlined below.*

1. I authorize the Veterinarian on duty (and assistant that they may designate) to examine and administer medical treatment which is considered therapeutically and/or diagnostically necessary on the basis of examination. I, therefore, consent to and authorize the performance of such procedures as deemed necessary in the veterinarian's professional judgment.
2. By presenting this animal for exam, I declare that I am the owner or agent for the owner and have authority to execute consent of treatment.
3. I understand that Lyon County Animal Hospital will provide due care for my pet to the best of their abilities and medical judgment. I also understand that there is no guarantee or assurance that can be made as to results obtained.
4. Medications and advice will not be dispensed unless under a valid Doctor-Client-Patient relationship as determined by law. Prescription requests from outside pharmacies will only be authorized by the Veterinarian.
5. Lyon County Animal Hospital recommends year round protection against Heartworms, Fleas, and Ticks.
6. All pets in the facility must be kept on a leash or appropriate carrier.
7. For insurance purposes, only Lyon County Animal Hospital Staff will handle your pet for all exams, diagnostic testing, and treatments.
8. Please understand that unexpected issues may arise while your pet is being treated. As medical issues arise, our Staff will treat your pet accordingly to ensure your pet's health. Staff will try to contact you before treatment is administered; however, if no one can be reached by the provided contact numbers, treatment will be administered and charged appropriately unless previously declined by the owner.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

### *Financial Policy*

1. **I assume financial responsibility for all charges incurred to the patient for services rendered and understand FULL payment is required at time of service.**
2. A written estimate for charges will be provided upon request. An estimate is not binding and may be subject to change according to the condition of the patient. Lyon County Animal Hospital reserves the right to ask for up to full payment in advance for services.
3. Any balance over 30 days will be subject to a monthly finance charge; additionally, any balance over 3 months will be sent to local Collections office. Any collections fees and attorney fees will be the client's responsibility.
4. For your convenience, Lyon County Animal Hospital accepts as form of payment: Cash, Personal Check, Visa, Master Card, Discover, and Care Credit.
5. Please discuss any financial concerns with Staff **prior** to your pet's care.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_