Boarding Release Form

638 Trade Avenue Eddyville, KY 42038 (270) 388-0334

Check in: _____/_____/_____

Check Out: _____/_____/_____

Hospital Use Only- Mark if **NEEDED**	
☐ DA2PP	☐ Bordetella
☐ Rabies	☐ FVRCP/ C

Pet Name: _____ Breed:_____ Age: _____

Sex: _____ Color: _____

Owner's Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number:_____

Boarding Information:

Name of the food and treats: _____

How much: _____How often: _____

Did you bring any personal items for your pet (blanket, toys, treats, etc.)? Yes / No

If so, please list **ALL** items: _____

_____

Are there any medications to be given to your pet while boarding? Yes / No

(Medications will be administered at an additional $1.00 per day.)

Medication **Instructions**

_____ _____

_____ _____

Would you like any additional services for your pet during their stay?

_____ **Bath** $10-15 (free after 5 night stay for dogs)

_____ **Nail trim** $6.00

_____ **Extra play time** $3.00 per day

_____ **Daily Dental Treat** $2.50

_____ **Brush Out** $3.00

Does your pet need any medical services while boarding (i.e. vaccines, exam, dental cleaning)?

If so, please note: _____

Terms of Boarding:

1. All pets must be current on all required vaccinations. For dogs, this includes DA2PP, Bordetella, and Rabies. For cats, this includes FVRCP, Calici, Bordetella, and Rabies. If I cannot provide a veterinary record that my pet is current on all of these vaccinations, I authorize the doctor to administer the necessary vaccines at my expense.
2. I understand LCAH will use all reasonable precautions for the safekeeping of the described pet(s), but LCAH will not be held responsible in any manner whatsoever on account of medical situations that may arise, as it is thoroughly understood that I assume all risks. I also understand that hospital personnel may not be present continuously after normal business hours.
3. Should a medical illness arise and the doctor is unable to reach me at the given numbers, I authorize **any** treatment for my pet deemed necessary for the pet's health and safety until I can be contacted. I understand that I **will be** charged for all treatments performed. Pets will be treated for external parasites if noted.
4. Off hour drop off and pick up hours are strictly as follows- **Thursday and Sunday at 4pm ONLY**. No exceptions.
5. I will not hold the Hospital responsible for loss or damage of personal items left with my pet.

Payment is due when services are rendered.

Signature: _____ Date: _____