

BOARDING CHECK-IN

Pet's Name: _____ Owner's Name: _____

Check-In Date: _____ Expected Check Out Date: _____

The staff here at Lillington Veterinary Hospital welcomes your pet to his/her home away from home. Our staff will care for your pet while you are away. To do our best we need an understanding of his/her routines at home.

1. We provide a high quality diet for our canine and feline guests. Kitties have the option of receiving canned food twice a day. Please specify how you would like your pet fed.

Choose 1		Choose 1	
Feline	Dry Only	Canine	Dry Only
Feline	Canned Only	Canine	Canned Only
Feline	Both Mixed	Canine	Both Mixed
Feline	Both Seperate	Canine	Both Seperate

*Or, you may provide the foods that your pet normally eats.

_____ **I brought the foods my pet enjoys at home.**

2. A. How often should your pet be fed? B. I brought feeding/care instructions _____

_____ Once in the AM _____ Once in the PM
_____ Twice a Day _____ Leave food available at all times
_____ Other _____

3. How much should we feed them at each meal? _____

4. When was the last time that your animal was fed? _____

5. Describe his/her appetite at home: ___ Great ___ Average ___ Finicky

6. Please list by NAME and FREQUENCY of administration the medication that your pet should receive during his/her stay with us.

Note: there is an additional charge for boarding with medication.

7. While we recommend that you avoid leaving any of your companion's belongings during his/her stay, if you do decide to leave any, we cannot guarantee that you will receive them back in the same condition in which they arrived. (We do provide beds and blankets for our guests and our feline friends receive a "cat cave" or shelf in their cage).

Are you leaving any belongings? ___ *Yes ___ NO

If YES PLEASE LABEL

Please also describe each item: _____

8. Are there any additional services that we can provide for your pet while he/she is staying with us?

Note: Our normal boarding accommodations include 3 walks a day in a fenced in yard, fresh food, water and fresh bedding each day.

INFORMED CONSENT FOR BOARDING

Client Name: _____

Animal Name: _____

I understand that 24 hour supervision of animals is not ordinarily provided at this hospital. I understand that my pet will automatically be treated if any of the following are detected:

**FLEAS
TICKS**

I understand that my pet is required to be current on vaccinations as deemed appropriate by the medical director of LVH. A stool specimen must have been examined within the last year and been found negative.

If any of these procedures need updating I authorize this in advance.

The staff at Lillington Veterinary Hospital are to use reasonable caution against injury and escape of my pet.

Lillington Veterinary Hospital will not be held liable for problems that develop, provided reasonable care and precautions are followed. I understand any medical problems my pet develops while here will be treated as deemed best by the veterinarians after consultation with me (unless I am unavailable). I assume full responsibility for the expenses incurred. If I do not pick up my pet within 48 hours of the date below without notice, you may assume my pet is abandoned and you are authorized to rehome him/her as deemed fit.

I agree that payment will be due, in full, upon the discharge of my pet.

Client Signature

Date Signed

EMERGENCY CONTACT INFORMATION:

Name	Number
_____	_____
_____	_____
_____	_____
_____	_____

Canine Vaccines Required:
Rabies, DA2PP, Kennel Cough
Canine Recommended:
Canine Influenza

Feline Vaccines Required:
Rabies, FVRCP, FIP
Feline Recommended:
Kennel Cough