

Pet's Name: _____ Age: _____
Owner's Name: _____
Acct #: _____
Check-In Date: _____
Departure Date: _____

BOARDING
CHECK-IN

Canine Requirements: Annual Exam, DA2PP, Kennel Cough*, Rabies, Negative Fecal, Flea Free
Feline Requirements: Annual Exam, FVRCP, Rabies, Negative Fecal, Flea Free

Boarding check out is by 12pm. Additional charges will accrue after 12pm(including Sunday)_____
Every hospitalized patient should be free of external parasites. If your pet is found to have fleas, a Capstar (\$10.00) tablet will be given to eliminate them immediately.

WELCOME! The staff at Lillington Veterinary Hospital welcomes your pet to his/her home away from home. We will care for your pet while you are away. Our normal accommodations include 3 walks a day in a fenced yard and fresh food, water, and bedding each day. To do our best we need an understanding of his/her routine.

1. Did you bring your pet's food from home? **YES or NO** *If **NO**, we provide a high quality food for our canine and feline visitors.

2. How often and how much does your pet eat? _____

3. Is your pet on any medications? **YES or NO** *If **YES**, please list them by name and frequency:

**Please note there is an additional charge for boarding with medications.

4. Are you leaving any belongings? **YES or NO** *If **YES**, please list each item and **LABEL THEM**.

5. Would you like your pet to have a bath (\$30.50-\$37.50) while they're here? **YES or NO**

*Additional services requested: _____

6. If your pet has not been vaccinated for the Canine Flu, would you like to start the series at this admission (\$41.00)? **YES or NO** *This vaccine requires a booster in 3 weeks.

7. Can we place bedding with your pet? **YES or NO** Answer no if your pet will chew their bed/bedding.

INFORMED CONSENT FOR BOARDING

I understand that 24 hour supervision of animals is not ordinarily provided at this hospital. The staff at Lillington Veterinary Hospital is 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 responsibility for any expenses incurred for treatment while my pet is boarding.

If I do not pick up my pet within 48 hours of the date listed **without notice**, you may assume my pet is abandoned and you are authorized to rehome him/her as deemed fit. I understand that payment will be due, in full, upon the discharge of my pet.

**Vaccination never guarantees 100% protection in the event of exposure.*

Signature: _____ Date: _____

Emergency Contact Information: _____