

Boarding Consent Form-Please fill out one form per pet.

|  |  |  |
| --- | --- | --- |
| Owner Name:   | Pet Name:  | Contact Phone Number:   |
| Boarding Date IN  | Boarding Date OUT: Pick up time:   | Alternate Contact Name & Phone Number:  |
| Email Address:   |  |  |

**Diet:**

|  |  |
| --- | --- |
| Frequency per day Circle One  |  Once in AM Once in PM Twice Daily Free Feed |
| Amount at each meal  |    |
| Type of Food Circle one  | Own Food House Food (Purina E/N)  |

**Medications / Supplements:** Please list. Must be supplied or additional charges will incur for any required refills.

|  |  |  |
| --- | --- | --- |
| Name of Medication/supplement  | Instructions  | Last Given  |
|   |   |   |
|   |   |   |
|   |   |   |

Additional Services: Please choose from the following options (Services will not be performed if your pet’s health or temperament endangers our staff or the pet.)

(Please Circle) Bath(Canine Only) Nail Trim Anal Gland Expression

Procedures to be performed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual vaccinations and fecal examinations are required for boarding. I understand that I will be financially responsible for any vaccinations or fecal exams that are due or will become due while boarding with us. Estimate can be provided

per your request. If your pet’s vaccinations were done elsewhere, please provide the records of said treatment. **Please initial that you understand this policy. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Multiple pet boarding: If you are boarding more than one pet, please list which pets can be placed together.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do your pets need to be separated during feeding times? Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

Medical Treatment:

If your pet develops any medical condition during their stay, we reserve the right to treat as necessary to prevent the spread of illnesses. While vaccination for Bordetella and Parainfluenza are required to board, there are other causes of contagious canine cough that can be spread when boarding, much like when kids go to daycare. Should symptoms arise it is your responsibility for payment of the treatment. In the event that your pet experiences a life-threatening problem, we will make every attempt to contact you or any authorized agent listed on this form. If we are unable to contact you, we will proceed as the doctor deems necessary. If you do not want us to perform lifesaving procedures for your pet, please sign the DNR (Do Not Resuscitate) order below. **I understand that all treatments will be my financial responsibility.**

Please do not exceed $ \_\_\_\_\_\_\_\_\_\_\_\_\_. If treatments will exceed this amount, please contact me.

**Please initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** DNR (Do Not Resuscitate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Rules / Regulations/ Information:

* If your pet is to be picked up by someone other than yourself, you must make these arrangements, including payment, at the time of drop off. This person must submit a copy of their identification before your pet will be released to them.
* We are not staffed 24 hours a day; therefore, your pets will be unattended overnight.
* If you need to extend your pet’s stay you must contact us 24 hours before the expected discharge date. In the event that you do not pick up your pet within 10 days after the expected date of discharge your pet will be considered abandoned and LaCroix Pet Hospital reserves the right to relinquish care of the abandoned pet to an appropriate agency or offer the pet for adoption. You will still be responsible for all charges.
* All animals must be free of external parasites (fleas & ticks) when admitted for boarding, or must be treated upon arrival, at owner’s expense.
* Boarding animals will be admitted and discharged during regular office hours, up to a half hour before closing. Our office hours are posted on our website and on the front door to the business. We are open Monday 7:30 AM to 7:00 PM, Tuesday-Thursday 7:30 AM to 6:00 PM, Friday 7:30 AM to 5:00 PM and Saturday 8:00 to 12:00 PM. **We have boarding discharge ONLY Sunday 6:30 PM to 7:30 PM.**
* Should your pet show any signs of aggression to our staff or doctors, we reserve the right call you to pick up immediately, thus terminating any further boarding reservation.
* All precautions will be taken to prevent injury, escape, or other life-threatening emergencies. The hospital and staff will not be held accountable for problems that develop, provided that reasonable care and precautionary measures have been taken.
* We make every attempt to return all items that you leave with your pet; however, some items may be lost due to changing bedding or cleaning the items. We cannot guarantee the return of your items.

By signing below, you agree and understand the policies listed and you authorize LaCroix Pet Hospital to care for your pet during their stay with us. You accept all financial responsibility for any and all charges incurred during your pet’s stay. Thank you for choosing our team to care for your pet during your absence.

Owner Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admitting Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_