

**Lunsford Veterinary Care Center
Boarding Agreement**

Owner: _____ Drop Off Date: _____
 Pet Name: _____ Pick Up Date: _____ Pick Up Time: AM PM
 Breed: _____ Sex: _____ Color: _____

Proof of the following vaccinations is required for boarding:

Dogs	Current	Update Today	Cats	Current	Update Today
Rabies 1yr / Rabies 3yr			Rabies 1yr / Rabies 3yr		
DA2LPP / DAP 3yr			FVRCP		
Bordetella (Kennel Cough)					
Canine Influenza					

Is the pet on Heartworm preventative? Yes No
 Has the pet been checked for intestinal parasites in the last 6 months? Yes No
 Is your pet in heat or pregnant? Yes No
 Is your pet a fence climber or a digger? Yes No
 How often/much does your pet eat per a day? _____ Has your pet eaten today? Yes No
 Is your pet on any medications? Yes No When was the last dose given? _____
 Special instructions? _____

Any Belongings? _____

Check Any Electives procedures to be done while boarding:

- | | |
|--|--|
| <input type="checkbox"/> Examination | <input type="checkbox"/> Express Anal Glands |
| <input type="checkbox"/> Brush Out / Clip Mats | <input type="checkbox"/> Administer Flea Control |
| <input type="checkbox"/> Routine Nail Trim | <input type="checkbox"/> Ear Cleaning |
| <input type="checkbox"/> Teeth Cleaning (Anesthetic Procedure) | <input type="checkbox"/> Spay / Neuter (if schedule permits) |

Flea/Tick Policy

Any animal which remains in the hospital that is noted to have fleas and/or ticks will be treated accordingly at the OWNER'S EXPENSE. This will ensure a parasite free hospital environment and protect any other hospitalized patients. We appreciate your understanding with this matter.

Dogs that board for at least 3 nights will receive a complimentary bath on the morning of the day they are to go home unless the condition of a dog's haircoat at presentation (ie. excessive matting) prevents basic bathing.

Make My Pet Famous!

- I authorize LVCC to use my pet's photograph and name for Facebook and other promotional materials.
 I **Do Not** authorize LVCC to use my pet's photograph and name for Facebook and other promotional materials.

I understand that all reasonable precaution will be used against injury, escape or death of my pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved.

Owner or Responsible Party: _____

Emergency Contact Number: _____

Preferred method of contact: Phone Call or Text Message