



Boarding Release Form

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

Check in: ____/____/____
Check Out: ____/____/____

Hospital Use Only- Mark if NEEDED	
<input type="checkbox"/> DA2PP	<input type="checkbox"/> Bordetella
<input type="checkbox"/> Rabies	<input type="checkbox"/> FVRCP/C

Pet Name: _____

Breed: _____ Age: _____ Sex: _____ Color: _____

Owner's Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Boarding Information:

Name of food and treats: _____

o How Much: _____ How Often: _____

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

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

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

o List all medications below: (Medications will be administered at an additional cost of \$4.50-6.75 per day)

Medication

Instructions

Would you like any additional services for your pet while boarding?

____ Bath	\$13.75-19.75	____ Extra play time	\$6.50 per day
	(free bath after 5 night stay for dogs)	____ Daily dental treat	\$6.50
____ Nail trim	\$7.00	____ Brush out	\$6.00

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

o If so, please note and tell staff: _____

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 phone numbers, I authorize **any and all** 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/ pick up hours are strictly as follows- **Thursday and Sunday at 4pm ONLY**. No exceptions. Holiday hours may vary.
5. I will not hold LCAH responsible for loss or damage to personal items left with my pet.

Payment is due in full when services are rendered.

Signature: _____ **Date:** _____