

L.V.V.S. BOARDING RELEASE

Owner:

Animal Name:

Signalment: Breed:

Sex: Age:

Color:

Flea Check:

Any animal found to have fleas or evidence of fleas will be treated with Capstar

Weight (at admission):

Arrival Date:

Emergency Contact Person(s) and Phone(s):

(Please include dates if traveling and times ok to call)

Staff Admitting Pet:

Anticipated Departure Date:

Staff Discharging Pet:

Food & Feeding Instructions:

If you do not bring your pet's regular diet, they will be fed kennel food, an easily digested diet. It is fed by the weight of your pet. Pets who are "free fed" at home will be offered food and it will be refreshed twice daily. Given divided into two meals.

Medications:

Belongings:

(belongings are left at your own risk):

Are services to be performed during boarding stay:

(additional release form required for any services beyond Bath or Toe Nail Trim)

Is your pet now or has your pet ever been fed a raw food diet?

Would you like a 30 day pheromone collar dispensed for your pet to wear during its stay at LVVS?

Please read, complete and sign the following:

By signing below, I acknowledge that Lamoille Valley Veterinary Services (L.V.V.S.) is obligated to keep my pet stable and comfortable, and in an EMERGENT situation (i.e., in an EMERGENCY), treatment will be given if deemed necessary by the Doctor.

If NON-EMERGENT conditions are discovered that require treatment or diagnostics:

- Proceed according to Doctors' judgment
- Call me first, if you can not reach me, then proceed or
- Call me first, if you cannot reach me, then schedule for a separate procedure at a later date.

I have read the above agreement & instructions and verify that I am the owner or duly authorized agent of the above pet. I do hereby consent and authorize Lamoille Valley Veterinary Services and its staff to administer boarding care and emergency or emergent care (see authorizations above) while my pet is boarding at L.V.V.S. If it should happen that the pet injures or soils him/herself, becomes ill or dies while under appropriate and attentive care, I will hold L.V.V.S. and its staff free of responsibility and/or liability related to that event. I further realize that I am responsible for payment of the fees for procedures and treatments in full at the time my pet is discharged. I also acknowledge that these fees are for services performed in an honest attempt to help my pet and me and that no guarantees can be made as to outcome.

I agree to the terms outlined and will notify L.V.V.S. if the anticipated length of stay changes prior to or within 24 hours of the original pick-up time. I give LVVS & their staff permission to use any and all photos taken of my pet during its stay.

Signature _____ Date _____