

Lineberger Veterinary Hospital Daycare Agreement

Today's Date: _____

Owner: _____

Pets: _____

Bath: _____

Any medications or Instructions:

Person to Contact in case of Emergency:

Number where you can be reached in case of Emergency:

Pet's Belongings:

PLEASE LABEL ALL OF YOUR PET'S BELONGINGS, IF NOT WE WILL LABEL THEM FOR YOU!!

FOR YOUR PET'S HEALTH

Vaccination Policy-- To ensure protection of all pets under our care, the following must be up-to-date:

Dogs:

Rabies

DHPP

Bordetella

Cats:

Rabies

FVRCP

Bordetella

If vaccines are not current, or you are unable to provide proof of vaccination, I give my permission to update my pet's vaccinations in accordance with the above policy. In addition, if any fleas/ticks are observed on my pet while boarding/drop off, he/she will receive a flea treatment at the owner's expense.

Medical Illness Policy:

One of the advantages of boarding my pet at a veterinary hospital is that Veterinary attention is readily available should the need arise. Please indicate your desired treatment option below.

___ Please perform whatever services the Doctor deems necessary for the best care of my pet. This includes only non-elective treatments and necessary diagnostics.

___ I authorize up to (please check, or indicate amount) () \$_____ () \$100 () \$200

___ Do not administer any medical treatment until specific authorization is given.

I have read and understand this agreement. I fully intend to pick my pet up at the above specified date and time. If circumstances change I will notify your office and make further arrangements.

**Discharge hours are Monday - Friday 8:30 - 5:30 and Saturday 8:30 - 11 :30
ONLY!!! NO EXCEPTIONS!!!!**

Owner or Agent for the pet: _____