



### Little River Veterinary Clinic Boarding Form

Owner \_\_\_\_\_ Pet's Name \_\_\_\_\_ WT \_\_\_\_\_ FLEA CK \_\_\_\_\_ DEPOSIT PAID \_\_\_\_\_  
 Phone Contact (1) \_\_\_\_\_ (2) \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
 Date \_\_\_\_\_ Date to go home \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_

**Please call our hospital for our current prices as prices are subject to change without notice.**  
**Hospitalization charges may be required in lieu of boarding charges if your pet requires medical observation/treatments.**  
**Please let our staff know when you are scheduling your boarding if your pet has any medical condition or concern.**

**CURRENT MEDICAL PROBLEMS: Heart disease Epilepsy Other \_\_\_\_\_**  
 We do not offer boarding for diabetic or epileptic pets. Arrangements must be made ahead of time for special situations and not at drop off.

#### ADMINISTERING MEDICATIONS: No loose medications and no medications in the food containers.

**Must be prepared at home and in original clearly labeled prescription vials as dispensed by veterinarian/NO PILL BOXS**

No. Of treatments per day \_\_\_\_\_ X \$ 1.50 = \$ \_\_\_\_\_ / day in ADDITION to boarding rates per night  
 Name of medication 1.) \_\_\_\_\_ Strength \_\_\_\_\_ Dose \_\_\_\_\_ How Often \_\_\_\_\_ Last dose given \_\_\_\_\_  
 Name of medication 2.) \_\_\_\_\_ Strength \_\_\_\_\_ Dose \_\_\_\_\_ How Often \_\_\_\_\_ Last dose given \_\_\_\_\_  
 Name of medication 3.) \_\_\_\_\_ Strength \_\_\_\_\_ Dose \_\_\_\_\_ How Often \_\_\_\_\_ Last dose given \_\_\_\_\_

If you forget your pets' medication, we will refill at additional cost any existing drug refills that we have in our medical records as needed. We cannot refill medications that we do not stock or that are prescribed by another physician.

**ADDITIONAL OPTIONS PER DAY: \_\_\_\_\_ Extra Walks (\$2.50) Per Session \_\_\_\_\_ Cuddle Time/Playtime (\$5.00) Per Session**

**DIET:**  Clinic food (we feed only prescription diets)  Owners food \_\_\_\_\_ Last Fed: \_\_\_\_\_  
**Feeding Instructions for Owners Food:** \_\_\_\_\_

All items from home must be clearly marked with your pets' name prior to drop off.

**CURRENT VACCINATIONS:** All boarding or hospitalized pets must be current on their vaccinations. If vaccines are not on record and proof of vaccines is not provided, your pet will be vaccinated. **Parasites (fleas, ticks, worms, etc.) diagnosed in patients will be treated in order to decrease the spread of infectious disease.** We will provide emergency treatment if such treatment is deemed necessary. We will contact you (if possible) if the emergency is serious. If a minor medical problem should arise, we will treat according to the best interest of your pet. **Fees for any of these additional services will be due when your pet goes home.** Please leave a phone number and email address where you or someone else can authorize treatments.

**BATHS:** We make every attempt to keep pets clean during their stay but if they become soiled, they will be bathed at your expense. Please indicate if you would like your pet to be bathed before going home. Prices are based on weight & length of coat.  
 I request a  BATH on (date) \_\_\_\_\_  PEDI on (date) \_\_\_\_\_

**COURTESY BATH OVER 7 Nights (Declines) \_\_\_\_\_ (Accepts) \_\_\_\_\_ Date of bath: \_\_\_\_\_**

**PERSONAL ITEMS: We do not recommend and cannot be responsible for personal items left for your pet, such as toys, beds, etc. If you choose to leave personal items, we will not be responsible for their return. If it is a treasured item please leave it at home.**

**REQUESTED TREATMENTS:** I request you to perform these services for my pet during their stay:  
 Examination for \_\_\_\_\_  Heartworm test (4DX)  
 Start Treatment for problem found during examination  Fecal (stool check for parasites)  
 Vaccinations \_\_\_\_\_  Other \_\_\_\_\_

**I agree to pay, in full, for services rendered including those deemed necessary for medical or surgical complications or unforeseen circumstances. I agree to pay these fees at the time I pick up my pet from LRVC. Cash or Credit Card Only.**  
 I understand that any estimate is an approximation and that the actual cost may be greater or less. If I neglect to pick up my pet within 3 days of the date I said I would, you shall assume that the pet is abandoned and you are hereby authorized to place the pet, as you deem necessary. I understand that this does not release me from the bill for services performed. I have read the above conditions, understand and agree to abide by them.  
 .Signature \_\_\_\_\_ Date \_\_\_\_\_ R.I. \_\_\_\_\_