

BOARDING INFORMATION, WAIVER AND RELEASE FORM

LITTLE VETERINARY SERVICES

Owner's Name _____ Date _____

Name of Pet(s) _____

Boarding from Day and Date _____ until Day and Date _____

My Pets will be boarding (Separately or Together) Do we need to separate to feed? (YES) (NO)

If someone other than the owner will be picking up your pet, please list his or her name below. We will NOT release a pet to someone other than the owner, unless that person is identified here

Vaccinations: For the safety of all our patients LVS requires all boarders to have proof of current vaccinations. We reserve the right to turn away any boarder that is past due for vaccines. I certify that my pet(s) are current on all required vaccinations for boarding. Please initial acceptance here _____

Dogs: Rabies, DHLPP, Bordetella

Cats: Rabies, Rhinotracheitis, Calici Virus, Pneumonitis, Feline Distemper and Panleukopenia

Health History: Please provide the following information regarding your pet's health history

Does your pet suffer from any of the following conditions?

___ Heart Disease ___ Respiratory Disease ___ Seizures ___ Allergies ___ Arthritis ___ Diabetic

Yes ___ No ___ Has your pet been treated for fleas or ticks in the past 30 days?

Yes ___ No ___ Is your pet under sedation?

Yes ___ No ___ Are there any other health or behavioral issues. (injuries, wounds, and illness ECT.)

Yes ___ Is your pet pregnant or nursing?

If yes please explain _____

Please list any other Medical Conditions your pet has or any Special Care that your pet may need.

Fecal Exams If your pet is found to have intestinal parasites, the appropriate medication will be instituted or dispensed to you. The charges for both the medications and fecal exam will be added to your bill.

Please initial acceptance here _____.

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Baths: The cost of the baths will range from \$10.00 to \$35.00 depending on the weight and hair length of your animal. The baths are routinely given the day before the animal is scheduled to go home.

I acknowledge that my pet will be bathed and a charge will be added to my bill

Please initial acceptance here _____

FOOD: We recommend that you bring your own food with your pet to help alleviate the stress of being away from home. If you did not bring your pet's food, we will feed our Premium house diet.

Yes, I brought my pet's food _____ No I did not bring food _____

All attempts are made to feed your pet on the same schedule that you feed at home. Please let us know what your pet's feeding schedule is. How many cups _____ How many times a day _____

Allow food to be Out at All Times? (YES NO) Separate to Feed? (YES) (NO) Special feeding instructions _____

Bedding: Because bedding is difficult to label and we constantly clean cages and wash blankets, we do not recommend bringing your own blankets or bedding. Occasionally, personal belongings are mixed in with our laundry. We will do everything we can to keep track of your bedding but cannot be responsible for the loss or damage of any personal blankets or bedding.

******Does your pet(s) chew/shred/eat any type of bedding? (YES) (NO)******

MEDICATIONS: * Please list below any medication(s) that your pet(s) require(s) us to administer while staying with us. We cannot be responsible for injuries, sickness or harm to pets caused by medications prescribed by other veterinarians. We will only dispense medications to pets according to your instructions below. **(ALL MEDICATIONS MUST BE IN THEIR ORIGINALLY DISPENSED BOTTLE!)**

Medication _____ Instructions _____

Last dose given (time) _____

Medication _____ Instructions _____

Last dose given (time) _____

Medication _____ Instruction _____

Last dose given (time) _____

Medication _____ Instructions _____

Last dose given (time) _____

Additional Procedures: Are there any other procedures that you would like us to perform during your pet's stay? (YES) (NO) If yes please ask a receptionist for a "Drop Off" form

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Payment: Payment for boarding is due at the time your pet is picked up. If you need to pay in advance just let the receptionist know. If you are leaving before/after hours, prepayment is expected.

Please initial acceptance here _____

II. Waiver and Release

General Terms:

A. Owner shall pay all costs and charges of and for special services listed in this agreement, and all veterinary and medical costs that may be incurred during the term of this agreement for the animal pursuant to this agreement.

B. Owner certifies to the correctness of the information given above with respect to the animal and specifically agrees to be bound by the terms and conditions of this agreement.

C. Owner specifically represents that (he/she) is the owner of the animal and that there is not now any lien or other encumbrance against the animal and that the animal has not been exposed to Rabies prior to admittance to the custody of LITTLE VETERINARY SERVICES.

D. FACEBOOK. We want to share your pet's adorable pictures and story with others. Do you grant LVS permission to post your pet's picture and story on social media and our website (YES) (NO)? Your personal information will not be shared.

Liability:

- A. LITTLE VETERINARY SERVICES (LVS) and their respective owners, employees and agents, shall not be liable for any damages to the animal arising out of or from the boarding of the animal, or that may accrue from any cause in connection with such boarding including loss by fire, theft, running away, death, or injury during the term of this agreement whether the animal is on the premises of LVS or not.
- B. Owner shall be solely responsible for all of the acts of the animal at any time during the term of this agreement, and in no case shall LVS be liable for the animal's acts and behavior other than for the exercise of gross negligence on the part of the LVS, its owners, employees or agents in the boarding and keeping of the animal. The owner shall indemnify LVS from and against any and all damages sustained or suffered by reason of the boarding of the animal for any claims or injuries arising out of the boarding of the animal.

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C. Owner agrees that LVS will not be held responsible for aggravation of any pre-existing medical conditions. These include but are not limited to, heart disease, arthritis, obesity, infections, and any other conditions that might be discovered by examination.

D. Owner agrees that LVS does not assume and shall not be responsible for the loss and or destruction of personal belongings left with the pet while boarding, including, but not limited to, bedding, blankets, toys, dishes, collars, or leashes.

E. An animal in a group situation such as boarding, grooming, dog park, training classes, etc. are exposed to common illnesses, similar to that of humans. The owner agrees to assume the risks and hazards that may be expected to arise from interaction with other animals.

Illness of Animal:

A. In the event that the animal becomes ill, the owner shall be notified at once at the address or phone number listed above. However, if LVS is unable to reach owner, if owner does not immediately inform LVS regarding measures to be taken, or if the animal's health requires emergency action, owner grants LVS the right to inform a veterinarian or to furnish other advisable attention within LVS discretion, any expenses incurred in conjunction with such care is owner's responsibility and shall be promptly paid by owner.

B. Owner agrees that (his/her) pet may sleep more than usual, drink more than usual and/or eat more than usual due to the change in his/her daily routine. Owner agrees not to hold LVS liable for any illness or ailment that may affect (his/her) pet if (his/her) pet becomes ill during or after its visit and owner agrees to indemnify and hold LVS harmless for any costs, damages, claims, or expenses arising therefrom.

This form contains the entire agreement between the owner and LVS related to this waiver and release.

By signing below, I acknowledge that I have read and fully understand the terms of this Boarding Information, Waiver and Release Form and I accept the terms and conditions contained herein.

Signature _____ Date: _____

Emergency Contact Name* _____ **Phone*** _____

Received by: _____ Date: _____

Office use:

Kennel _____ Recep _____ Tech (if D/O) _____