



Boarding Consent

Owner Name: _____

Pets' Name: _____

Date: _____

We appreciate you choosing Lindale Pet Hospital (LPH) for your boarding needs. Any pet boarding in our facility will receive a complimentary tech exam and nail trim.

Bathing: Pets that enjoy lengthy stays become part of our family. If they stay five or more nights, a complimentary bath will be given unless otherwise specified by the owner, or the dog is aggressive. The complimentary bath will be given the morning of departure unless otherwise specified.

<p>Parasite policy: Pets admitted to our facility must be free of internal and external parasites, including worms, fleas, ticks, and mites. ALL pets will be treated with a prevention of your choice if they are currently not on prevention. If parasites are discovered, your pet will immediately be quarantined, and you will be contacted for treatment options at your expense. If treatment is declined, you are required to make immediate arrangements for removal of your pet from our facility. Treatment will be administered according to normal standards of veterinary care and additional charges will be added to your bill, in the event you cannot be contacted within one hour of discovery of these parasites.</p>	<p>Owner Initial _____</p> <p>LPH staff _____</p>
<p>Vaccination Policy: To protect the health of your pet, all pets being admitted to LPH are required to be current on all vaccinations. It is your responsibility to provide current records of vaccines if done at another facility. If any of your pets' vaccinations are past due, they must be inoculated upon admittance, and these additional charges will be added to your bill. Pets that are too young that they are not able to be fully vaccinated and or your pets' receives its vaccines at the time of admittance might not be fully protected and, thus, owners accept any risks of infection.</p>	<p>Owner Initial _____</p> <p>LPH staff _____</p>
<p>List or Required Vaccinations Note:(if you have any questions concerning these vaccines please call our office) Feline: Rabies, and Annual FVRCP Canine: Rabies DappIV, And Bordatella</p> <p style="text-align: center;">Parasite Treatment options:</p> <p style="text-align: center;">Feline: _____ Revolution (30 day) or _____ Bravecto (90 day)</p> <p style="text-align: center;">Canine: _____ Nexgard(30 day) _____ Bravecto(90 day) and _____ Heartgard (Intestinal and heartworm only) (30 day)</p>	<p>Owner Initial _____</p> <p>LPH staff _____</p>

I certify that I am the owner or owner's agent for the patient listed above. I authorize the veterinarian and staff to provide the services listed above and, in the event of an emergency to provide reasonable medical or surgical care necessary for the health of my pet. I understand that an attempt will be made to contact me before services are performed, but I give permission to perform them if I cannot be contacted. I agree to indemnify, release, covenant does not sue and hold any of the above referenced pet, including claims or causes of actions based on negligence in whole or in part of Lindale Pet Hospital, its Veterinarian, and staff. I further understand that certain risks are involved in boarding a pet including contracting infectious diseases and external and internal parasites, and will not hold LPH accountable for such risks.

I agree to pay in full at the time of discharge for services rendered during my pets' stay. I understand that reasonable care will be taken with the items left with my pet but will not hold LPH responsible for their return.

Signature of Owner or Authorized Agent:
