

LAKESIDE ANIMAL HOSPITAL

5206 Lakeside Avenue
 Richmond, VA 23228
 (804) 262-8697

Marissa Gonzalez, DVM
 Veterinarian
 Anna Barnes, DVM
 Veterinarian

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BOARDING ADMISSION FORM					
Pet Owner's Name:			Pet's Name:		
Board From:		To:		Pickup Time:	
				[Please call prior to arrival if you anticipate arriving earlier or later than scheduled pickup time]	
Emergency Contact:			@ Phone # ()		
[By indicating an emergency contact person other than yourself, you are authorizing this person to make medical and financial decisions regarding your pet in your absence.]					
<p>Important Release: Please READ and SIGN before leaving. We are asking for all pet owners to consider having your pet receive a Home Again Microchip placement while they are boarding with us. It is very important to have your pet Microchipped so that in the event you and your pet become separated from one another, the various organizations can aid in the recovery of your pet more effectively. Please initial whether you approve or decline this procedure:</p> <p>Approve pet to be microchipped at a cost of \$49.50 (client initials): _____ or Decline (client initials) _____</p> <p>I understand that my pet must be current on vaccines: _____ (client initials)</p>					
Vaccinations due and/or required for boarding:					
Canine:		<input type="checkbox"/> DAP	<input type="checkbox"/> Rabies	<input type="checkbox"/> Bordetella	
Feline:		<input type="checkbox"/> FDV/FVRCP	<input type="checkbox"/> Rabies		
Special Service Request(s):					
<input type="checkbox"/> Anal Glands	<input type="checkbox"/> Sanitary Shave	<input type="checkbox"/> Bath / Groom	<input type="checkbox"/> Pedicure	<input type="checkbox"/> Check Ears	
<input type="checkbox"/> Heartworm Blood Test	<input type="checkbox"/> Fecal Test		<input type="checkbox"/> Senior Blood Screening		
<input type="checkbox"/> Other:	<input type="checkbox"/> Lyme/Lepto (Canine)		<input type="checkbox"/> Leukemia (Feline)		
Administer Medications:					
Medication		Dose		Frequency	
Medication		Dose		Frequency	
Medication		Dose		Frequency	
Nutrition / Diet:					
Own Food (circle one)	Yes / No	LAH Food (circle one)	Puppy / Kitten	Adult	Prescription
Food Type (circle one)	Dry / Canned / Mixed				
How Much?					
How Often?					

BOARDING ADMISSION FORM

Authorization / Agreement

Initials (where applicable)	Description
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_____ I have received a copy of the Boarding Information Form with Fee Schedule

_____ I understand that my dog will be walked outside on several occasions. I understand my pet will be leashed-walked by trained personnel in an area that is not fenced, and I accept the risk.

_____ I do not want my pet walked outside under any circumstances.

Should my pet become ill, or if the attending veterinarian should discover a minor treatable condition while my pet is boarding (such as diarrhea, ear/eye infection, wound care, etc.)

_____ I authorize treatment/diagnostics to be initiated up to the amount of (circle one):
\$1-\$100 / \$101-\$200. There is no need to contact me, I will speak to the doctor or staff upon my return.

_____ I do not authorize treatment/diagnostics to be initiated until I (or my authorized agent) can be contacted.

_____ Should my pet have a contagious disease, become critically ill, or if the attending veterinarian should discover any other serious condition while my pet is boarding, I understand that the staff veterinarian will attempt to contact me (or my authorized agent) at the emergency number provided before initiating treatment. In the event that I cannot be reached immediately, you are authorized to initiate all appropriate treatment as determined by the attending veterinarian until I (or the authorized agent) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.

_____ Lakeside Animal Hospital is to use all reasonable precaution against injury, escape or death of my pet. The hospital and staff will not be held liable for any problems that develop provided reasonable care and precautions were followed.

_____ I agree to make complete payment to Lakeside Animal Hospital at the time of discharge. I understand that if I fail to pickup my pet with 5 days of the pickup date above and do not notify Lakeside Animal Hospital, my pet will be considered abandoned, and as such, will be handled in accordance with Virginia State Law.

I have read all of the above and I am in full agreement.

Signature of Owner or Authorized Agent		Date
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_____ (Print Name)

Checked In by: _____