

Lineberger Veterinary Hospital Boarding Agreement

Today's Date:
Departure Date:
Owner:
Pet:
Bath:
Medications or Instructions:
Person to contact in case of an emergency:
Number where Owner can be reached in case of an 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: DHLPP/DHPP, Bordetella, Rabies and **Cats:** FVRCP, Bordetella, Rabies

If your pet's 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, he/she will receive a flea treatment **AT THE OWNER'S EXPENSE**. A complimentary Capstar tablet for fleas will be administered upon arrival at no additional cost.

Medical Illness Policy:

One of the advantages of boarding at Lineberger 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.

V.I.P. Playtime Sessions:

_____ I elect to purchase V.I.P. Playtime for a charge of \$5/ 30 min session (*max. 2/day, except only 1/day max Memorial Day - Labor Day*)

_____ I do not wish to purchase V.I.P. Playtime Sessions

I am aware that if, while boarding, my dog becomes physically aggressive towards the staff that he/she will be boarded in the V.I.P. Suite where there is less physical contact with kennel members. I understand that I will be held financially responsible for the additional boarding charges of the V.I.P. Suite as a result of my pet's behavior.

I am also aware that if I leave belongings and it results in any health issues for my pet(s) that I will not hold Lineberger Veterinary Hospital financially responsible for any charges incurred.

I have read and understand this agreement. I fully intend to pick up my pet 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 am - 5:30 pm and Saturday 8:30 am - 11:30 am ONLY!!! NO EXCEPTIONS!!!

Owner or Agent : _____

****LINEBERGER VETERINARY HOSPITAL IS FLEA FREE FACILITY****