

BOARDING AUTHORIZATION

Owners Name: _____ Pets Name: _____
Date In: ____/____/____ Date Out: ____/____/____. AM or PM (Circle One)

Emergency Phone Number(s): _____

I authorize the boarding, care and treatment (if needed) of this pet. I understand that I am fully responsible for the costs of requested services, as well as any treatments that may become necessary should the pet become ill while boarding. If sedation or anesthesia is required for the care or handling of this pet, I authorize the administration of such agents. All animals admitted must have official written proof of being current on all required vaccinations, and free of external and internal parasites. Any animal found to have fleas, ticks or internal parasites will be treated at owner's expense. No pet will be discharged until payment is received in full.

Medications To Be Given: _____

Special Instructions: _____

Items Left: _____

Additional Authorized Work: (Please Check If Procedures Needed)

1. Yearly: _____ (Includes exam, vaccinations, K9 heartworm test and fecal)
2. Annual Wellness Bloodwork Screen: Junior (<7 yrs) _____ Senior (>7 yrs) _____
2. Boosters: _____ / _____
3. Fecal: _____
4. Heartworm Test (Occult): _____
5. Bath: Boarding/Discounted _____ Flea _____ Medicated _____
6. Toe Nail Trim: _____
7. Anal Sacs: _____
8. Other: _____

Pets are admitted and released for boarding only during regular business hours.

Legacy Village Veterinary Clinic is not responsible for lost or stolen items left with your pet for the duration of the boarding period.

I have read and understand this authorization and consent.

Signature of Owner/Agent: _____ **Date:** _____

Admitting Employee _____ Time In _____

Discharging Employee _____ Time out _____

Date out _____

Legacy Village Veterinary Clinic

PATIENT NAME _____

CLIENT NAME _____

BOARDING DATES IN _____

OUT _____ AM / PM

MEDICATION YES NO

BATH YES NO Date: _____

TNT YES NO

Date								
Time	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
Appetite								
Urination								
Defecation								
Meds								

Date								
Time	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
Appetite								
Urination								
Defecation								
Meds								

Date								
Time	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
Appetite								
Urination								
Defecation								
Meds								

Special Diet: OWN FOOD KENNEL

Feeding Instructions:

Medication Instructions:

Additional Procedures