Lake Country Animal Hospital

915 Highway 158 West

RR NC 27870

252-308-1882

Pet Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand you CANNOT guarantee the health of my pet. I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand ALL pets admitted to the clinic must be protected against communicable contagious disease and must be free from internal and external parasites or will be treated on entry or discovery at the owner/agent’s expense. If vaccinations were performed elsewhere, I can provide written documentation of the Rabies vaccination administered by a licensed veterinarian within 24 hours of notification to do so in the event of my pet should bite any person of other pets while on the clinic premises.

 I understand that in the event of my pet’s illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until my agent or I can be reached.

**If any problems are observed or develop: (PLEASE INITIAL ONE OPTION)**

\_\_\_ Please treat my pet as required, you need not call me.

\_\_\_ Perform only emergency and supportive care. Notify me for permission to begin any other treatment.

\_\_\_ DO NOT perform any diagnostics &/or treatment until I am notified and consent is given.

Should an emergency arise, I authorize the medical staff to sedate (only if required) my pet and perform emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

**I understand the clinic is not responsible for loss or damage to personal items left with my pet.**

The clinic is to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand any problem that develops with my pet will treat as noted above and I assume full responsibility for the treatment expense incurred.

If I neglect to pickup my pet within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume the pet is abandoned and are hereby authorized to dispose of the pet, as you deem best or necessary.

**I have been provided with a copy of the boarding policy explaining boarding policy and regulations.**

**NAME AND PHONE NUMBER OF RESPONSIBLE PARTY TO REACH IN CASE OF EMERGENCY:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone Number

LAKE COUNTRY ANIMAL HOSPITAL, INC.

**BOARDING POLICY**

1. All dogs must have current immunizations against Rabies, Distemper, Parvovirus, and

Tracheobronchitis.

1. All cats must have current immunizations against Rabies, Feline Distemper, and

rhinotracheitis and calici virus.

3. All animals must have had a fecal examination for internal parasites within the past 6

 months.

1. All animals must be free of ALL external parasites (fleas and ticks) when admitted for

 boarding or must be treated upon admission at owner’s/agent’s expense.

4. All animals will be examined, temperature checked and weighed on admission.

1. Animals will be admitted and discharged only during regular office hours:

MON-FRI 7:30 AM – 5:30 PM

SATURDAY 8:00 AM – 11:30 AM

 If there is a change in the pick-up you have scheduled please call (252-308-1882) and make

 us aware. If it is after hours please leave a message on our voicemail which will be checked

 the next business day.

1. Any animals that require veterinary attention will receive it at our discretion and at the

owner’s expense.

1. An emergency telephone number should be left so the clinic can contact the owner if necessary.
2. Animals requiring medications or treatments will be charged appropriate fees.
3. Please inform us if you are not happy with the way your pet is cared for. Your satisfaction

and your pet’s well-being is our primary concern.

1. Please be aware that your pet’s diet may vary while away from home. They may have barked

at other animals or the temperature and humidity may have varied slightly from what they are used to. This can cause problems such as sore throat, tonsillitis, or diarrhea. We try to prevent such appropriate fees for all treatments and medications needed for reasons that are not directly under our control.

1. We furnish all normal food and bedding. All we need is your pet! We strongly discourage leaving personal items with your pet (such as leashes, toys, bedding). If you still choose to leave such items, we will make a reasonable effort to keep up with them; however, we will not be held responsible if they are lost or damaged.
2. Contact our office for boarding rates.