



# Liverpool Animal Health Center

8205 OSWEGO ROAD · LIVERPOOL, NY 13090 · 315-622-2882



## BOARDING ADMISSION

Client Name:	Boarding Dates: _____ to _____
<b><i>Where may we reach you in case of an emergency?</i></b>	
Primary:	Secondary:
Cell:	Email:
<b><i>If we cannot reach you at the above number, is there another party available to make decisions on your behalf?</i></b>	
Name:	Phone:

For the health and safety of our staff, your pets, and other pets boarding with us, we require the following vaccinations and tests to be current. If not current, we will perform the required tests or vaccinations at your expense. The following highlighted items indicated are not current according to our records:

**Canine:** DAPPv/DAPv  
 Rabies vaccine  
 Kennel Cough vaccine  
 Influenza vaccine  
 Heartworm Test  
 Fecal Analysis

**Feline:** HCP 3YR  
 Rabies vaccine  
 Leukemia vaccine  
 Feline Leukemia Test  
 Fecal Analysis

Please be advised that all pets boarding with us will receive a complimentary examination by a technician. The technician will record and you will be notified of results of this physical evaluation. If vaccines are required, or upon your request, a doctor exam may be performed as well. If your pet becomes ill while boarding, or in an emergency situation, it may be necessary to administer veterinary care including medications or treatments. **All expenses incurred in treatment of the pet, will be the owner's responsibility and payable at time of pickup.** If external parasites are found (fleas, ticks, etc.) we will apply the appropriate flea control (to prevent infestation in the hospital) at the owner's expense.

We have many blankets and towels available and they are generously given to our boarders for their comfort. To reduce confusion and lost items, please keep blankets and toys at home. Please keep all collars and leashes and bring with you at pick-up. We cannot be responsible for lost or misplaced items. If you bring these items for your pet, they may not be returned to you.

**Check out times are:**

**Monday through Friday ----- 3:30 pm - 6:30 pm**  
**Saturdays ----- 12:00 pm - 1:30 pm**

*I have read the above guidelines and understand the fees involved in boarding my pet.  
 I accept the above fees and conditions.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ **OVER→**

## Boarding Charge Estimation and Patient Information

<b><u>Service</u></b>	<b><u>Pet Name:</u></b> K9 Fel Ex	<b><u>Pet Name:</u></b> K9 Fel Ex
	<b><u>Board in Same cage?</u></b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b><i>Daily Boarding</i></b>	\$ _____ per night + tax	\$ _____ per night + tax
<b><i>Daily Medication</i></b>	\$ _____ per day	\$ _____ per day
<b><i>Necessary Vaccines Or Tests</i></b>	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Fecal ----- \$ 30.00 <input type="checkbox"/> Heartworm Lyme Ehrlichia Anaplasmosis test -----\$ 49.00	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Fecal ----- \$ 30.00 <input type="checkbox"/> Heartworm Lyme Ehrlichia Anaplasmosis test -----\$ 49.00
<b>We offer the following services at a reduced rate for our boarders. Please check any services you would like us to perform while your pet is boarding.</b>		
<b><i>Optional Additional Services</i></b>	<input type="checkbox"/> Pedicure----- \$ 13.00 <input type="checkbox"/> Anal Gland Expression----\$ 39.00 <input type="checkbox"/> Ear Clean-----\$ 36.00 <input type="checkbox"/> <b><i>Bath</i></b> ----- <b>\$ 27.00</b>	<input type="checkbox"/> Pedicure----- \$ 13.00 <input type="checkbox"/> Anal Gland Expression----\$ 39.00 <input type="checkbox"/> Ear Clean-----\$ 36.00 <input type="checkbox"/> <b><i>Bath</i></b> ----- <b>\$ 27.00</b>
<b>All dogs boarding for 4 or more nights are required to have a cleansing bath before release.</b>		
<b><i>Heartworm and Parasite Control?</i></b>	On year round Heartworm Preventive?    YES    NO Refill Needed?    YES    NO	On year round Heartworm Preventive?    YES    NO Refill Needed?    YES    NO
<b><i>Daily Medication Administration</i></b>	Medication _____ Dose _____ AM PM Last given _____	Medication _____ Dose _____ AM PM Last given _____
	Medication _____ Dose _____ AM PM Last given _____	Medication _____ Dose _____ AM PM Last given _____
	Medication _____ Dose _____ AM PM Last given _____	Medication _____ Dose _____ AM PM Last given _____
<b><i>Feeding Instructions</i></b>	Own Food?            YES    NO Type of food:        DRY / CANNED Name of food: _____ How much to feed: _____ When: Free Choice    AM    PM When did pet last eat: _____	Own Food?            YES    NO Type of food:        DRY / CANNED Name of food: _____ How much to feed: _____ When: Free Choice    AM    PM When did pet last eat: _____
<b><i>Additional Instructions</i></b>		
<b><u>I have read, understand and approve the fees involved in boarding my pet.</u></b>		
Signed: _____		

