

Lacombe Veterinary Hospital

27351 Highway 190

Lacombe, La 70445

Dr. Billie Zeller, DVM

Boarding Consent Form



Patient Name: _____ Sex: _____ Age: _____ Weight: _____

Species: _____ Breed/Color: _____

Please include: Bath _____ Nail Trim _____ Other (specify) _____ (May delay pick up time)

I the owner, or agent for the owner, hereby consent and authorize boarding for the dates of:

_____ to _____.

I understand that pets must be completely up to date on all vaccinations in order to board at our facility.

Feeding Instructions: Will you be providing food? _____

How many cups of food? _____ How many times daily? _____

Personal Items: _____

Medications/ Dosage Instructions? _____

Special Instructions: _____

_____ ALL PETS BOARDING WILL BE EXAMINED FOR FLEAS AND IF FOUND PET WILL BE TREATED AT THE OWNERS EXPENSE.

_____ IN THE CASE OF A HURRICANE, ONCE A VOLUNTARY EVACUATION IS ISSUED OUR CLINIC WILL CLOSE AND REQUIRE ALL ANIMALS TO BE PICKED UP PROMPTLY.

Emergency Contact/Phone: _____

If any emergency is to arise during your pets stay, would you like us to provide medical attention immediately or would you like us to contact you for authorization? _____

If we are unable to contact you, do we have permission to perform whatever the veterinarian deems necessary?

(I am aware that I will be responsible for any and all costs that are incurred during treatment)

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT

SIGNATURE: _____ DATE: _____