

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: \_\_\_\_\_

Is your dog a chewer and a likes to jump: \_\_\_\_\_

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

**BOARDING MEDICATIONS APPLICATION FEES:**

Oral once a day \$3 \_\_\_\_\_ Injection once a day \$5 \_\_\_\_\_ Eye medication \$10 \_\_\_\_\_

Twice a day \$5 \_\_\_\_\_ Injection twice a day \$7 \_\_\_\_\_

**Vet tech quarantine fee per day \$25 \_\_\_\_\_**

**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 AUNDERSTAND THIS AUTHORIZATION AND CONSENT**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_