

Boarding Registration Form

Client Information

Are you a current client of Lowell Road Veterinary Center?

Owner Name

Address

Email

Phone

Phone Number - list any additional number we can reach you at:

What is the best way to reach you while your pet is staying with us?

Emergency Contact

Owner Name

Emergency Contact Phone

Relationship to Owner

Pet Information

Pet's Name

Is your pet current on vaccinations? Canine: Rabies, Distemper, Kennel Cough, HW Test Feline: Rabies, Distemper

Boarding Registration Form

Current Heartworm Prevention Product (required for boarding):

Current Flea & Tick Prevention Product (required for boarding):

Has your pet had a negative fecal exam in the past 6 months? *

Has your pet been to another boarding or daycare facility within the past two weeks?

Feeding Information

Will you be providing your pet's food for their stay?

Name of Food:

How many times/day?

How much at each feeding?

Please list any additional information we should know about feeding your pet:

Medication & Instructions

I understand all medications must be brought in their original labeled bottles and/or packaging.

Drop Off & Pick Up

Which date(s) are you looking to board?

Drop Off Time

Boarding Registration Form

Pick Up Time

Would you like your dog to do play and stay if there is availability?

If Yes, how many times:

Has your pet passed the LRVC/BVMC Daycare evaluation prior to boarding?

If your pet requires basic medical attention while in our care (example: anxiety, ear infection, hot spot, skin abrasions, upset stomach causing vomiting and/or diarrhea, etc.)- do you authorize treatment?

I understand if my pet is not picked up by 10am or is dropped off before 3pm, an additional day of boarding may be charged.

I understand if my pet displays unpredictable and/or aggressive behavior towards any Animal Care Coordinators, I am required to make arrangements for my pet to be picked up immediately.

Consent

I agree to the below financial policy

Payment is due at time of service. Forms of payment accepted include cash, all major credit cards, Care Credit, and Scratchpay. Checks are not accepted.

Consent

I agree to the below policy

I, the undersigned, certify that I am 18 years of age or older and I am the legal owner (or authorized agent of the owner) of the patient listed above. I agree to assume financial responsibility for all charges incurred and agree to pay such charges at the time of services rendered. I also understand that personal checks are not accepted. I am responsible for all interest and collection fees on any unpaid balance, as well as reasonable attorney fees and court costs associated with collection of unpaid balances. I acknowledge that the above information is true and accurate to the best of my knowledge.

Lowell Road Veterinary Center (LRVC) is an ABUSE-FREE WORKPLACE. By initialing here, I understand that LRVC has a ZERO TOLERANCE policy for profanity and verbal abuse. I further understand that any profane, abusive, or hostile behavior or language directed at any member of the LRVC team will result in immediate removal from the hospital, and I will no longer be allowed to bring any of my pets to LRVC in the future, for any reason.

Authorization Signature