

**Boarding Admission Form**

Owner's Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Pet's Name(s) \_\_\_\_\_

Date Admitted \_\_\_\_\_ Date to Pick Up \_\_\_\_\_

Daily Medications to be given \_\_\_\_\_ Last given? \_\_\_\_\_

\_\_\_\_\_ Last given? \_\_\_\_\_

\_\_\_\_\_ Last given? \_\_\_\_\_

Food: Amount to feed daily \_\_\_\_\_ Last fed: \_\_\_\_\_

Special feeding instructions: \_\_\_\_\_

Boarding items: Yes \_\_\_ No \_\_\_ Descriptions: \_\_\_\_\_

Has your pet been coughing, sneezing, vomiting, or having diarrhea? \_\_\_\_\_

Who is your vet? \_\_\_\_\_

Initial each line:

\_\_\_\_\_ I understand that my pet(s) must be current on all vaccinations.

\_\_\_\_\_ I understand that my pet(s) must be free of fleas and ticks. If fleas or ticks are found, my pet(s) will be treated with Frontline Plus and/or Capstar, and I agree to pay for this treatment.

\_\_\_\_\_ The Lazy P Pet Ranch is to use all reasonable precautions against illness, injury, or escape of my pet(s), but will not be held liable or responsible, in the absence of negligence, on account of the care, treatment, or safekeeping of my pet(s). I understand that in the event of an illness or injury, the owner will immediately attempt to contact me or my agent to discuss treatment options. If they are unable to contact me immediately, I authorize the doctors of Blair Doon Veterinary Hospital to initiate proper treatment, prescribe needed medications, or perform necessary surgery for my pet(s).

\_\_\_\_\_ I understand that the Lazy P Pet Ranch is not responsible for any blankets, beds, toys, leashes, or other personal items.

Should my pet(s) remain unclaimed after the pick-up date, I understand that written notice will be mailed to the address on my account with the Lazy P Pet Ranch. Seven (7) days after the written notice, the pet(s) will be considered abandoned and may be taken care of as the Lazy P Pet Ranch deems best. It is further understood that such action will not relieve me from paying all costs of services.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date