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Boarding Consent Form

OFFICE USE ONLY
 Client Number _____

OWNERS PLEASE FILL OUT THIS SECTION AND PRINT LEGIBLY

Pet Name _____

Owner Name _____

Primary Phone: Home Cell Work Alternate Phone: Cell Work

Emergency Contact _____ Phone _____

Please ensure that your designated agent is aware that you have given us his/her name, and is willing and able to make decisions regarding the care and well-being of your pet.

Photo/Text approval? Yes No (Initial) _____

Phone _____

Board from _____ to _____

Current Parasite Preventative?

Heartworm Preventative (Name) _____ Date Last Given _____

Flea/Tick Preventative (Name) _____ Date Last Given _____

Food Name _____ Amount _____ Frequency _____

MEDICAL ILLNESS POLICY

The undersigned hereby warrants that they are the owner or authorized agent for the pet listed in this record and does consent and authorize LHVH to care for and treat said pet. If an emergency situation arises, I authorize services, including the use of anesthesia if necessary, to treat my pet until such time as I can be contacted. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my pet. If I am unable to be reached, I authorize the veterinarians to proceed with treatment as deemed necessary for the well being of my pet. I understand I will be responsible for all charges incurred at checkout.

FOR YOUR PET'S HEALTH VACCINATION POLICY

LHVH requires all pet's to be properly vaccinated while boarding or you must provide veterinary documentation as proof. If your pet is not current at time of admission, or we have not been provided current records, a doctor will examine your pet and administer the required vaccines and you will be responsible for all charges incurred at checkout.

NOTE: Toys will only be provided while under immediate supervision. Bedding and toys must be machine washable and approved by admitting technician for safety and sanitary reasons. There will be additional charges for therapeutic diets, unless provided by owner at check in. All medications and supplements must be properly labeled and stored in their original dispensing containers.

TO BE COMPLETED BY TECHNICIAN: | REQUIREMENTS BEFORE BOARDING: *All requirements are listed in the following section below.*

DOGS: Current Exam By LHVH Rabies Vaccine Bordetella CIV DAPP Current Intestinal parasite screen

CATS: Current Exam By LHVH Rabies Vaccine Current FeLV and FIV testing FVRCP Current Intestinal parasite screen

SERVICES REQUESTED WHILE BOARDING Preferred Doctor _____

Medication Administration Bath Pedicure Annual Wellness Exam
 Anal Gland Expression None Other _____

MEDICATION TO BE ADMINISTERED

Medication Name	Directions	Number	Last Given (date/time)

Any pet not claimed within ten (10) days of stated pick-up date without new provisions being made will: 1) be considered abandoned; 2) become the property of LHVH; and, 3) be handled according to our best judgment. Abandonment does not release you from responsibility of charges incurred.

Signature of Owner/Agent _____

Date _____

Print Name _____

Admitting Technician _____