

Emergency Phone # _____

BOARDING RELEASE

La Crosse Animal Hospital 39734 Highway 58; La Crosse, VA 23950

Date _____ Board Till _____

Pet's Name _____ Breed _____

Age _____ Sex _____ Color _____

Owner's Name: _____

Address: _____

List other family members and their phone numbers that can make decisions in emergency situations:

La Crosse Animal Hospital requires the following immunizations for your pet to board at our facility:

| <u>FOR DOGS</u> | <u>Vaccine Due Date</u> | <u>FOR CATS</u> | <u>Vaccine Due Date</u> |
|-----------------|-------------------------|-----------------|-------------------------|
| DHPPC | _____ | FVRCP | _____ |
| Bordetella | _____ | Bordetella | _____ |
| Rabies | _____ | Rabies | _____ |
| K-9 Influenza | _____ | | |

- If your pet has not had these vaccines at our hospital or if you cannot show proof of immunizations elsewhere, it is mandatory that we give them, otherwise we will not be able to board your pet.
- Other vaccines available include K-9 Lyme and Lepto; Feline Leukemia, Fiv and Fip. Please let us know if you would like to have these done today.

Pets sometimes develop gastrointestinal upset when separated from family and home environment. Please be aware that we will treat for this with special diet, meds, etc. If your pet has a flea and/or tick infestation, they will be treated in order to stay here. _____

Please check any other services you would like to have while your pet is staying with us.

____ Clip Nails ____ Anal Glands ____ Bath ____ Bath & Dip ____ Deworm
____ Heartworm Preventative ____ Flea/Tick Product ____ Heartworm Test

Other _____

Sign _____ Date _____

We are not a 24-Hour Vet Care Hospital.

The following are business and staffing hours of La Crosse Animal Hospital:

Monday, Tuesday and Thursday 8:00 am to 6:00 pm

Wednesday and Friday 8:00 am to 5:00 pm

Saturday 8:00 am to 2:00 pm

This is to inform you we have no in-house continuous medical staff care overnight, from closing time to opening time at 8:00 am the following day.

I have read this and am aware of the above staffing hours.

Sign _____ Date _____