



# The Little Apple Veterinary Hospital



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## Boarding Agreement

Owner's name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

My pet will be boarding from: \_\_\_\_\_ to \_\_\_\_\_ Approximate pick up time: \_\_\_\_\_

Number where owner may be contacted during pet's stay \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list who is authorized to pick up or visit your pet: \_\_\_\_\_

\* I would like  minutes of playtime  time(s) a day. (Extra 75 cents per minute)

\* I would like grooming for my pet:  None  Bath & Brush Package  Haircut (see grooming sheet)  
*Please confirm what time you want your pet's grooming completed by. If pick up time changes, please call.*

\* Vaccinations and additional treatment(s) requested during my pet's stay:

<input type="checkbox"/> Frontline	<input type="checkbox"/> Bravecto	<input type="checkbox"/> Nexgard	<input type="checkbox"/> Trifexis	<input type="checkbox"/> Heartgard	<input type="checkbox"/> Interceptor	<input type="checkbox"/> Revolution
<input type="checkbox"/> Yes, give while here*			<input type="checkbox"/> Yes, give while here*			
<input type="checkbox"/> Yes, I want to take home _____ doses of product*			<input type="checkbox"/> Yes, I want to take home _____ doses of product*			
<input type="checkbox"/> No, my pet has already had their dose at home			<input type="checkbox"/> No, my pet has already had their dose at home			
<input type="checkbox"/> No, I do not want my pet to have protection against fleas/ticks			<input type="checkbox"/> No, I do not want my pet to have protection against heartworms			

Has your pet shown any symptoms of:  Diarrhea  Vomiting  Sneezing  Coughing

Medication: \_\_\_\_\_ Medication Last Given: \_\_\_\_\_

Medication Instructions: \_\_\_\_\_

Items brought with your pet \_\_\_\_\_

It is NOT recommended to leave items of personal value, as the LAVH is not responsible for lost or damaged items. (We do strive to leave all personal items with your pet and return them in the condition in which they were given to us.)

*I understand the above services (\*) have an additional charge. Owner/Owner's Agent initials:*

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# Boarding Feeding Instructions

Please feed my pet **SCIENCE DIET SENSITIVE STOMACH DRY FOOD** as directed by veterinary staff. Please circle the following **YES** **NO**

If **No**, Little Apple Veterinary Hospital would like to know more about your requested feeding instructions. To better assist us in caring for your pet, please indicate the following:

What diet is your pet currently on? \_\_\_\_\_

How often do you feed your pet? Please circle one of the following

Once per day      Twice per day      Three times per day      Other

If **Other** please explain: \_\_\_\_\_

How much should we feed per meal? Please indicate measuring unit (cup, ounces, scoops, etc. If not using standard measurement tools please explain) Pre-measured amounts are always appreciated.

If your food runs out, would you like LAVH to feed our in house Science Diet i/d low-fat Gastrointestinal Prescription diet?

**YES** **NO**

If **No**, I understand that I am financially responsible for the cost of the diet and a \$10 transportation fee. The \$10 additional fee will be waived, if the diet is currently sold at Little Apple Veterinary Hospital.

Does your pet have any food allergies/sensitivities? **YES** **NO**

If so, what is the allergen? \_\_\_\_\_

Has this condition been diagnosed at a veterinary hospital? (If diagnosed at another hospital, we would like to update your medical file with any of the previous recommendations.)

**YES** **NO**

I understand and have read the above instructions. Owner/Owner's Agent initials:

The Little Apple Veterinary Hospital provides boarding services and extended hospitalization for our client's pets. Even though we provide these services, pets will not be subject to 24-hour supervision by a person physically on the premises. Pets are walked 3 times a day every day of the year, including holidays. All boarding, playtime, and other authorized services performed while your pet is boarding must be paid in full prior to your pet's stay. Check out time is noon Monday through Saturday, so pets picked up before noon will not be charged boarding for that day. For your convenience, we are open on Sundays from 4-5 P.M. for pick up only. Therefore, Sundays are charged out for a day of boarding.

Any pet staying 48 hours past the client's pick-up date without the client properly notifying the Little Apple Veterinary Hospital and making payment arrangements for an extended stay will be assumed abandoned.

In case of illness or injury, I authorize all that is necessary to save my pet's life and provide comfort from pain. Provided that Little Apple Veterinary Hospital has not heard from myself or my emergency contact within a reasonable amount of time, determined by the doctors of Little Apple Veterinary Hospital, I authorize treatment up to \$\_\_\_\_\_. They are to use all reasonable precautions against illness or injury. In the event of illness or injury, I understand that I assume all risks and will not hold Little Apple Veterinary Hospital liable for the care, treatment, or safekeeping of my pet.

If fleas, ticks, ear mites, or other parasites are found on my pet, I understand that my pet will be treated immediately to reduce the risk of transmission and I will be responsible for paying for this service. Our Veterinarians highly recommend that all pets be on a flea treatment. This is especially important when your pet is going on walks where other pets and animals have walked, or when you are leaving your pet at a facility where there are other pets. (Your pet can also get fleas from humans if a flea becomes a hitchhiker).

**I have read the above boarding agreement, and as the Owner or Owner's Agent, I will be held financially responsible for any services provided.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For reception use:</b>		<b>For doctor use:</b>
Checked in by _____	ID band _____	Double check all reception tasks _____
Weight _____	B&B on schedule _____	Correct vaccines given _____
Brought back by _____	Up to date on HWT and HWP _____	Boarding exam _____
Correct weight range _____	Correct vaccines quoted _____	Annual exam _____
Cage card _____	On white board _____	Meds in book _____
Playtime card: YES NO	Annual exam: YES NO	Special Feeding Instructions (p.2) _____
Orange card: YES NO	Meds: YES NO	

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