



THE PLAYGROUND
AT LODI VETERINARY CARE
DAYCARE - BOARDING - TRAINING

Boarding Admission Form

Pet First & Last Name(s): _____

Client First Name (please print): _____

A boarding or hospital team member will inventory all supplies/equipment.

Feeding Instructions: Please provide enough of your pet's own food for their stay. Pre-bagged and labeled is preferred. You may also opt to pay for LVC Food, which is Hill's I/D bland dry food. There will be a daily feeding charge for this service.

Office Use Only:

How much and how often do you want us to feed your pet?

Dry Amount: _____	Wet Amount: _____	Adding LVC Stew for Enticement
<input type="checkbox"/> Once daily AM or PM (circle one) <input type="checkbox"/> Twice daily (AM & PM) <input type="checkbox"/> Three times daily (AM, NOON, PM) <input type="checkbox"/> Free Feed (food available all day) <input type="checkbox"/> Other:	<input type="checkbox"/> Once daily AM or PM (circle one) <input type="checkbox"/> Twice daily (AM & PM) <input type="checkbox"/> Three times daily (AM, NOON, PM) <input type="checkbox"/> Free Feed (food available all day) <input type="checkbox"/> Other:	<input type="checkbox"/> YES, please add LVC stew (free of charge) to my pet's food if enticement is needed (aka my pet is not eating) <input type="checkbox"/> NO, my pet has FOOD ALLERGIES Please explain:

Comments on Feeding:	Treat Instructions:	Other Comments/Info:
<input type="checkbox"/> Please feed my pets separately <input type="checkbox"/> My pet is FOOD AGGRESSIVE <input type="checkbox"/> My pet uses a slow eater bowl <input type="checkbox"/> Other:	<input type="checkbox"/> Please give treats after going potty <input type="checkbox"/> Please give treats as desired <input type="checkbox"/> I would like to pay for an LVC PB or I/D Kong <input type="checkbox"/> Other:	

Medication Instructions: Does your pet need to be given medication while in our care? If 'yes' a daily medication fee will apply. **YES or NO** (circle one)

What medication(s) does your pet have? How much and how often does your pet need meds?

	Name & Strength	Amount	Frequency	Next dose due?	Special Notes
Example:	Rimadyl 100mg	½ tablet	Twice Daily	Tomorrow AM	In pill pocket
Medication 1					
Medication 2					
Medication 3					

VIP and/or Spa Instructions: Would you like to pay extra for a VIP or spa service? The cost for VIP's is per pet and per day. **YES or NO** (circle one)

VIP's (Very Important Pet Services):	Frequency:	Spa Services:
<input type="checkbox"/> VIP Playgroup: my dog loves playing with other dogs <input type="checkbox"/> VIP Private Play: my dog loves one-on-human play time <input type="checkbox"/> VIP Snuggle Time: my dog loves to get snuggles <input type="checkbox"/> VIP Long Walk: my dog loves to go on long walks <input type="checkbox"/> VIP Feline: my cat loves lounging in sunny cat ward	<input type="checkbox"/> Daily <input type="checkbox"/> Every Other Day <input type="checkbox"/> Other:	<input type="checkbox"/> Boarding Bath (shampoo, conditioner, towel dry) <input type="checkbox"/> Nail Trim <input type="checkbox"/> Ears Clean <input type="checkbox"/> Other:

Please **read and initial** the following: **Pet Name (First & Last):** _____

1. _____ I understand my pet's vaccines and intestinal parasite test must be current. If it is found that my pet is not current at the time of admission, or if I am unable to provide this information, I agree to have these services provided during my pet's stay at my expense. This may alter my pet's reservation status (if overdue more than 30 days for Bordetella or DHPP, my pet must be boarded in the Hospital Ward. There is no grace period for Rabies).
 - a. _____ Dogs: Rabies, DHPP (+/-Lepto), Bordetella, Intestinal Parasite Test
 - b. _____ Cats: Rabies, FDRC, Intestinal Parasite Test, (Feline Leukemia advised, but not required)

2. _____ I understand my pet must be free of external parasites. A brief examination will be done upon admission to check for fleas and ticks. If external parasites are found on my pet, treatment will be required at my expense.

3. _____ I understand that some pets develop diarrhea and/or inappetence due to stress while boarding. This condition is not uncommon and usually responds to minimal medical treatment. I understand The Playground at Lodi Veterinary Care has a protocol put in place for this situation. This protocol is to begin a bland diet (Hill's Prescription Diet I/D). This diet is also the maintenance food offered to my pet if I did not provide my pet's normal diet. There will be a daily feeding fee for this service. If the condition does not improve with a bland diet in 24 hours, the protocol advises a veterinarian examination. There is a fee for this exam and any medication(s) dispensed. A daily medication fee will apply if medications are to be administered during my pet's stay. If my pet develops diarrhea or inappetence, I consent to one of the following terms **(Please circle one)**:
 - a. _____ Treat my pet according to the protocol outlined above, you need not call me.
 - b. _____ I authorize a bland diet only. I prefer to be called prior to any other treatment.
 - c. _____ I do not authorize a bland diet or diet change. I prefer to be called prior to any treatment.

4. _____ The Playground at Lodi Veterinary Care strives to keep my pet healthy and safe while here. However, even under the best conditions, animals have unforeseen health problems. I understand that if my pet exhibits any signs of illness while here, outside of what is described and authorized in #3 above, the doctors and staff at Lodi Veterinary Care will make an attempt to call me. If I am unable to be reached, I consent to one of the following terms. In the event of a serious, life-threatening emergency, I give permission for my pet to be treated at the doctor's discretion until I can be reached. There is a fee for an exam and any additional services needed. **(Please circle one)**:
 - a. _____ I authorize a doctor examination. Treat my pet as required, you need not call me.
 - b. _____ I authorize a doctor examination. Do not perform diagnostics and/or treatments until I, or my emergency contact, am notified and give consent.
 - c. _____ I do not authorize a doctor examination until I have been contacted.

5. _____ I understand that some or all of my pet's belongings may not be appropriate without supervision (stuffed toys, smaller toys, rawhides, etc.). I understand that personal items may become soiled, destroyed, or may not be able to be laundered properly, resulting in loss of these personal items. I do not hold The Playground at Lodi Veterinary Care or its employees responsible for personal belongings that are lost or destroyed. I understand that the employees reserve the right to remove any personal belongings if deemed a danger.

6. _____ I hereby authorize the Playground at Lodi Veterinary Care to keep my pet's personal belongings in the kennel throughout my pet's stay.
 - a. _____ See previous consent for damaged or destroyed items.

7. _____ I understand that if my pet should become soiled during their stay, a bath will be provided and charged accordingly.

8. _____ If I chose to have two or more of my pets in the same kennel and they need to be separated during their stay, I agree to pay for the additional kennel(s).

9. _____ Please initial if the **VIP Playgroup** service is requested. I agree that Lodi Veterinary Care and its employees will not be held liable for any injury or illness to my pet while cared for at this facility. I understand that, even under supervision, accidents can happen with play biting, jumping, and twisting a paw or leg, etc. I authorize The Playground at Lodi Veterinary Care and its staff to let my pet play with other pets during group playtime. Furthermore, I agree to pay for treatment of any injury or illness which necessitates treatment during playgroup if I cannot be reached for authorization of said treatment.

** _____ DIABETIC PATIENTS ONLY. Boarding can be a stressful event for any dog or cat. For animals with diabetes, I understand that stress can affect their blood glucose regulation. With most diabetic patients needing insulin to regulate their blood sugar levels, and monitoring of their appetite, I understand my diabetic pet will be required to be boarded in the Hospital Ward. My pet will receive special monitoring and care from certified veterinary technicians while here. There is no waiver for this.

** _____ SEIZURE PATIENTS ONLY. Boarding can be a stressful event for any dog or cat. For animals with epilepsy or other seizure disorders, it is a known fact that stress can trigger a seizure. I understand The Playground or boarding team at Lodi Veterinary Care takes steps to minimize stress while boarding, but it is advised that my pet is to board in the Hospital Ward. My pet will receive special monitoring and care from certified veterinary technicians while here. I agree to these conditions and my pet will be boarded in the Hospital Ward. Even though my pet has a history of seizure activity, I choose my pet to stay in the Boarding Ward. I understand the medical risk involved with this decision.

** _____ PUPPIES ONLY. Puppies under the age of 16 weeks are developing their immune system and are more susceptible to illness and disease than fully-vaccinated adult pets are. Puppies require more frequent breaks to reinforce potty training, to prevent accidents in their kennels, and to release energy. Because of these factors, I understand that It is the policy of The Playground at Lodi Veterinary Care for my puppy to be in the Hospital Ward where he/she will receive special monitoring and frequent breaks by staff members. I agree to age-specific conditions described below:

- Puppies under 8 weeks of age are boarded on an emergency basis only. They are housed away from other dogs due to their immature immune system. They are to be vaccinated as soon as age allows. If unvaccinated at time of admission, vaccines will be given during the boarding stay at the owner's expense. An intestinal parasite test must be performed before or during the stay. Proof of deworming is required, or to be dewormed while here. Must be free of external parasites.
- Puppies 8 weeks to 16 weeks of age. Housed in the Hospital Ward. Must be current on vaccinations as age allows. Ideally, must have Bordetella and most recent DHPP (+/-L) vaccines 1 week prior to boarding reservation for best immune protection. If vaccines are due at time of admission, vaccines will be given during the boarding stay at the owner's expense. Must have a negative intestinal parasite test, or be recently treated for intestinal parasites. Must be free of external parasites.
- Puppies 16 weeks to 6 months of age. Adult boarding (housed in Boarding Ward) is allowed for puppies over 16 weeks of age and vaccines (DHPP, Bordetella) are current for at least (7) days prior to the boarding reservation. If vaccines are due at the time of admission, vaccines will be given during the boarding stay at the owner's expense. If your pet is current on all vaccines, but has not yet received his/her Rabies vaccine due to age, vaccine schedule, or other authorized scenario, it is required to have your pet housed in the Hospital Ward (see B above). You may elect to schedule adult boarding (Boarding Ward) until the Rabies vaccine is administered. Your pet will not be exposed to Rabies during boarding. We highly recommend daily VIP services for your active puppy. Must have a negative intestinal parasite test, and recently treated for intestinal parasites. Must be free of external parasites.

Boarding Consent: I agree to the conditions listed above and authorize The Playground at Lodi Veterinary Care to board my pet and agree to pay for rendered services at the time of discharge. I also agree that The Playground at Lodi Veterinary Care and its employees will not be held liable for any injury or illness to my pet while boarded at this facility. Furthermore, I agree to pay for treatment of any injury or illness which necessitates treatment during my pet's stay as outlined above. I have read the above terms of this agreement and willingly consent to the terms as described.

Client Printed Name: _____

Client Signature: _____ Date: _____

****This Consent Form is valid from date of signature until updated by Owner**** **Staff Initials:** _____

Boarding Staff will review feeding, medication, and VIP/Spa services at the beginning of each new boarding stay

Emergency Contact

Name: _____ Phone Number: _____