

LONE MOUNTAIN ANIMAL HOSPITAL

6688 W. Cheyenne Ave. • Las Vegas, NV 89108

Tel: (702) 645-3116 • Fax: (702) 645-2758

Boarding Information and Consent Form

Date of Drop-Off: _____ Date of Pick-Up: _____
12:00pm (noon) Check-out time

Owner's Name: _____

Patient's Name(s): _____

Diet: Own Food Hospital Food Prescription Diet ****Note**Additional fees apply for purchase of prescription diets if not provided by owner at drop off.**

*** Please read carefully before signing:**

All animals staying at Lone Mountain Animal Hospital are required to have proof of current vaccinations. For dogs: Parvovirus, Bordatella, Distemper and Rabies. For cats: Feline Leukemia Virus, Distemper and Rabies. These vaccines are necessary for the safety of your pet and our other patients. We ask that we may be permitted to perform any emergency treatments that may become necessary while your pet is boarding with us.

Medications/Special Instructions: _____

****PLEASE NOTE****

*50% Deposit required for boarding of 7 days or greater.

*Medical treatments during boarding are charged a fee of \$3.00 per administration.

* Do not leave your collar, leash or any items of personal value. We will not be responsible for damaged or lost items.

* I understand that there is an inherent risk of escape with leash exercise walks.

Reasonable precautions will be used against injury or escape of pet.

PICK UP IS 12:00PM (NOON). ADDITIONAL CHARGES WILL APPLY FOR ANY PETS PICKED UP AFTER THIS TIME.

Emergency Phone Number(s): _____

Owner/Authorized Agent Signature: _____ Date: _____

Vax _____
N/T _____
A/G _____

Medicated bath _____ What Kind _____
Fecal Sample _____

Wt. _____ Wt. _____