



## **Welcome Packet Dog Boarding**

**Lowrys Animal Hospital  
2501 Lowrys Hwy  
Chester, SC 29706  
803-581-8387**

**[www.LowrysAnimalHospital.com](http://www.LowrysAnimalHospital.com)**

Thank you for choosing Lowrys Animal Hospital to care for your pet(s) while you are away. We pride ourselves on providing exceptional care for your pet(s) and treat all of our boarding guest like members of our own family. Below you will find some helpful information regarding requirements for your pet(s) to board with us, as well as other services provided while your pet is staying with us.

## Requirements for Boarding

\*\*\*Please note, these requirements were compiled to ensure the well being of your pet as well as other pets in our care. There will be no exceptions to these requirements under any circumstances! \*\*\*

### Vaccinations

Proof of current vaccination is required for any pet to be boarded at Lowrys Animal Hospital.

Any pets boarding with us at Lowrys Animal Hospital must be up to date on the required vaccinations in order to board. For your pet(s) safety vaccines which are not current must be administered a minimum of five (5) days prior to boarding. If your pet(s) vaccines are set to expire during your pet's stay with us here at Lowrys Animal Hospital, you may make arrangements to have his or her annual wellness with vaccines performed by our veterinarians during his or her stay.

The vaccinations required for boarding are as follows:

#### Dogs

- Annual Kennel Cough (Bordatella) vaccine
- Distemper vaccine
- Parvo vaccine
- Leptospirosis vaccine
- Rabies vaccine

#### Cats

- Rabies Vaccine
- Feline Distemper (FVRCP) vaccine
- Feline Leukemia vaccine (for cats who spend time outside)

If your pet is not up to date on his or her vaccinations, he/she will not be allowed to board with us. If the vaccines were not administered by Lowrys Animal Hospital, owners are responsible to provide the current vaccination record from their primary Veterinarian.

### Flea Medication

All pets boarded at our facility are required to be treated for fleas with a prescription strength product. We accept the following products: Comfortis, Trifexis, Seresto collar, Revolution or Advantage Multi with the proof of purchase from a veterinary hospital. If any fleas are noticed on your pet Lowrys Animal Hospital will treat your pet at our expense with Comfortis (cost ranges from \$17.00 - \$ 19.00 depending on your pet's weight)

### Heartworm/ Intestinal Parasite Medication

Lowrys Animal Hospital Requires that your pet is on a heartworm prevention to protect your pet as well as other pets at our facility. You must provide proof of purchase

from a Veterinarian of your heartworm prevention. A negative Heartworm test is required within the last 24 months

For dogs a negative fecal examination is required within 12 months of boarding to ensure that your pet is free of any intestinal parasites.

### Behavior

For the safety of our staff as well as our other boarders, Lowrys Animal Hospital boarding facility reserves the right to refuse to board any animal that is deemed overly aggressive or has severe behavioral problems.

### Consent Forms and Information Forms

Please note that Owners must fill out and complete all necessary forms for their pet to be admitted to our boarding facility. Forms can be filled out the day of the drop-off appointment or can be pre-printed from our website and filled out before the pet's boarding drop off appointment. Please allow some extra time the day of the boarding drop off so that a member of our staff can review all forms with you and answer any questions you may have.

### Food

Our boarding rates do not include furnishing food for your pet. Owners are asked to bring their pet's food pre-packaged for every meal with their pet at the time of drop off. We recommend using Zip-Lock sandwich bags with pre-measured portions for every meal. Please make sure to pack some extra portions in case the stay needs to be extended. There will be an additional charge of portions are not pre-packaged.

If you wish for Lowrys Animal Hospital to provide your pet's food there will be an additional charge. Please be sure to include the amount which you feed as well as how often your pet gets fed on your pet's boarding questionnaire. Here at Lowrys Animal Hospital we feed Purina EN, a gastro-intestinal diet.

Please note, that if your pet has to eat a special prescription food you are responsible for furnishing the food without any exceptions. We sell some prescription diets here at Lowrys Animal Hospital, but cannot guarantee that we have your pet's diet in stock for you to purchase at the time of his or her boarding appointment without at least a five (5) days advanced notice. If your pet is not a Lowrys Animal Hospital patient and you wish to purchase prescription food which we carry from us, we require a prescription from your regular veterinarian. Please call ahead to inquire if you wish to purchase prescription food to ensure that we have it in stock.

### Medication

Pet owners are responsible for providing the medication for the duration of their pet's stay. All medication must be in its original bottle with the label attached, separate from all other medication and any food (We will not accept medications if more than one medication is in a bottle and/or bottles are not properly labeled). If you use a specific food or treat to administer oral medications to your pet, please make sure you bring those with for your pet along with the medication. If your pet's medication is a controlled substance, the medication will be counted by the owner as well as one of our staff members to verify quantities. We will only accept the amount necessary for your pet's stay plus a couple additional days if your pet's medication is a controlled substance. Our staff members must count and log the amount of all controlled substance medications before and after each time the medication is administered to your pet. Please note that there is a fee per pet per day for administering medications (this included vitamins and

supplements). Fees vary depending on how many times daily medications have to be administered.

If your pet requires insulin injections, you are required to supply the insulin as well as syringes and needles for the duration of the pet's stay plus a couple of extra days in case your pet's stay is extended. We do charge an injection fee for administering injections. We do ask that all diabetic pets are boarded by themselves so that they can be monitored more closely just in case their eating, drinking or bathroom habits change, even if the owner is boarding more than one pet.

#### Check-in and Check-out times

Times for pet drop off for check-in:

Monday through Friday 3:00 pm – 5:30 pm

Times for pet pick-up for check-out:

Monday through Friday 9:00 am – 11:30 am



### Owner Responsibility check list

- Ensured that pet(s) are up to date on all of the required vaccines
- Treated pet(s) with approved flea prevention
- Treated pet(s) with approved heartworm prevention
- Completed Pet Boarding Registration form for each pet which will be boarded
- Completed Consent to treat/ post mortem care form for each pet
- Notified my emergency contacts for my pets to let them know that I left their information to be contacted in case I cannot be reached should an emergency situation arise
- Signed a social media form for each pet
- Pre-packaged pet's food for all meals during their time of stay and included some extra portions just in case their stay is extended
- Completed and signed boarding contract
- Has gotten any medication refilled that pet needs throughout his or her stay and
- Packed a supply of whatever treat/ food is used to medicate the pet (pill pockets, cheese, lunchmeat etc.)
- Gathered 3 of my pet's belongings (toys, blankets, etc) to bring with her/ him to go boarding (keep in mind items may become damaged while at the facility so please do not send irreplaceable items)
- Completed multi-pet boarding form if my pets will be boarded in the same run or cage together
- I prepared questions which I have for the staff at Lowrys Animal Hospital at the time of drop off so that I will have all my questions answered before I leave my pet for his or her stay.



## Dog Boarding Registration Form

### Owner Information

Your Name \_\_\_\_\_ Dog's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**\*\*We send out updates on your pet(s), including pictures, via email throughout your pet's stay\*\***

Please initial one of the options below:

\_\_\_\_\_ Please send me email updates on my pet

\_\_\_\_\_ Please do NOT send me email updates on my pet

How did you hear about us? \_\_\_\_\_

### Emergency Contact

We will always try to contact you (the pet owner) first, but in a case of emergency, if you cannot be reached, please provide the information of an emergency contact for your pet. You may leave more than one. Please note that the emergency contact(s) must be over the age of 18, within the continental United States, reachable by telephone and authorized to make decisions for your pet during its stay. If the number you are leaving is not for the pet owner, please advise your emergency contact person that you are leaving their contact information regarding decisions for your pet.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other phone \_\_\_\_\_

### Veterinarian Information

Veterinarian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Vet Clinic/ Practice Name \_\_\_\_\_

Address \_\_\_\_\_

Does anyone besides you (the owner) have the authority to pick up your pet from his or her boarding stay? Please note that unless you list the individual's name below, we will not release your pet into their care.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Pet Information

Breed (or best guess) \_\_\_\_\_ Age (or best guess) \_\_\_\_\_

Sex \_\_\_\_\_ Approx. Weight \_\_\_\_\_ Spayed/Neutered? Y / N When? \_\_\_\_\_

Color \_\_\_\_\_ Micro chipped? \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_

When did you get your dog? \_\_\_\_\_

Dog's age at the time? \_\_\_\_\_

If you adopted your dog, do you have any information on his or her history? \_\_\_\_\_

\_\_\_\_\_

Is your dog a jumper, climber, or escape artist? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your dog a barker? \_\_\_\_\_ If so, can you cue him to be quiet? \_\_\_\_\_ How? \_\_\_\_\_

\_\_\_\_\_

Does your dog have any food allergies? Y / N If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Physical limitations/ medical problems your dog has: \_\_\_\_\_

\_\_\_\_\_

Is your dog on any medications? Y / N If yes, please list: \_\_\_\_\_

\_\_\_\_\_

\*\*\*Please also fill out medication forms with our staff the day of your pet's drop-off appointment to ensure that all medications are administered properly during your pet's stay\*\*\*

Has your dog been seen for an emergency or anything out of the ordinary within the last 6 months? Y / N If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your dog have any current injuries or incision/ sutures/ staples? Y / N If yes, please describe date, location, reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Body checks are performed daily by our attendants. Does your dog have any lumps, warts or growths that we should be aware of? Y / N If yes, please describe and indicate location: \_\_\_\_\_

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Has your dog coughed, sneezed, wheezed, or exhibited any asthmatic symptoms recently?: Y / N

What Heartworm Prevention is your dog currently on? \_\_\_\_\_

Date last given: \_\_\_\_\_

What Flea Prevention is your dog currently on? \_\_\_\_\_

Date last given: \_\_\_\_\_

Is your dog frightened of any certain type of noise and actions? Y / N If yes, please explain:

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Does your dog dislike any specific types of people or other dogs? Y / N If yes, please explain:

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Is your dog TOY aggressive towards humans or other dogs? Y / N If yes, please explain:

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Is your dog FOOD aggressive towards humans or other dogs? Y / N If yes, please explain:

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Has your dog ever bitten another dog or a person? Y / N If yes, please explain:

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Has your dog ever growled at another dog or a person? Y / N If yes, please explain:

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What commands does your dog respond to? (stay, sit, off, etc.) ?:

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If there is anything else you would like for us to know about your pet, please use the space below. Please also include your pet's daily routine and schedule:

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**Food**

Have you supplied your own food? \_\_\_\_\_ Name and brand of food: \_\_\_\_\_

\*\*\*Please note, there is an extra charge if Lowrys Animal Hospital provides the food\*\*\*

Did you pre-package your pet's meals? \_\_\_\_ If not, how much and how often per day do you feed your pet? \_\_\_\_\_

\*\*\*Please note, there is an extra charge if food was not pre-packaged\*\*\*

I certify that the information I provided in this Registration Form is true and that Lowrys Animal Hospital, their doctors, and their employees can rely on the accuracy of the said information.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



Pet Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Media Policy

Please initial to select whether you approve or decline to give us permission to use your pet's photos as outlined below:

\_\_\_\_\_ I approve                      \_\_\_\_\_ I decline

I hereby give Lowrys Animal Hospital permission to use photographs of my pet on Facebook, and other social media applications. I also grant permission for Lowrys Animal Hospital to publish photographs of my pet for promotion of the organization in printed publications and photographic displays on the Lowrys Animal Hospital website.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_



### **Multi-Pet boarding form**

Here at Lowrys Animal Hospital we offer a discount for the second pet if you will be boarding two pets together in the same run or cage. You will save 20% off of the 2<sup>nd</sup> pet's boarding rate.

Our requirements for boarding siblings in the same run/ cage together:

- Both pets must be of the same species. We do not put dogs and cats together in one run or cage
- Pets cannot be food aggressive towards one another. Each pet will have their own bowl, but they will be fed together in the same run or cage.
- All dogs boarding together must be boarded in a run and not a cage so that they have plenty of room
- Cats can only be boarded together in the large cage, so that they have enough room
- If the pets do not get along together and conflict arises, Lowrys Animal Hospital's staff will separate pets into two different runs/ cages and owner will be responsible for the regular boarding rate for each pet

**Pets can get stressed out during boarding stays and show aggression toward one another even though they get along well at home. Owner assumes responsibility for any such aggression that his or her pets may develop towards one another. Owner assumes all financial responsibility of the cost of the treatment of the pet(s) as outlined in the consent to treat/ post mortem consent form should a medical emergency arise. Lowrys Animal Hospital will attempt to contact the owner and emergency contact(s) as soon as possible should any issues arise.**

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



## Boarding Contract

This BOARDING CONTRACT ("Agreement") is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between Lowrys Animal Hospital Inc. ("LAH") and \_\_\_\_\_ (hereinafter known as "Pet Owner"). WHEREAS, LAH wishes to provide pet boarding services and Pet Owner wishes to accept such service on the terms and under the conditions recited below; The Parties, intending to be legally bound, hereby agree as follows:

1. Prices for Services are detailed in our Services & Pricing Guide. Prices are subject to change. Payment in full for all services is required at the time that the pet(s) is/are picked up. A deposit may be required at the time of drop-off and/or when the boarding reservation is scheduled.
2. LAH reserves the right to not accept any pet into the boarding program for any reason. All rules of the facility are subject to change at the sole discretion of LAH.
3. Pets are boarded in kennels and/ or cages and will be left unattended overnight.
4. Should a medical emergency occur, Pet Owner gives LAH permission to treat pet(s) as outlined in the Consent to Treat/ Post Mortem Form. Pet Owner has read, understands, and signed the Consent to Treat/ Post Mortem Form and agrees to pay any charges incurred for the treatment of the pet(s) in full at the time of the pet(s)' pick up.
5. Pet Owner agrees to hold LAH, its members, owners, directors, officers, agents, employees and lessors of the premises, harmless from any and all claims for loss or injury (including legal fees) which may be alleged to have been caused directly or indirectly to any person or thing by the act of the pet, and Pet Owner personally assumes all responsibility and liability for any such claim.
6. Pet Owner understands that while LAH takes all reasonable steps to avoid communicable diseases, there is still a risk of acquiring a communicable disease while in the boarding program. In the event that the pet(s) contracts such disease while boarding, Pet Owner assumes all the risks and accepts the responsibility for the cost of all treatments. Pet Owner further agrees to hold the owners and staff of LAH harmless for expenses incurred for such treatment. (i.e. While there is a vaccine for kennel cough, it is similar to a human flu vaccine in that it does not protect against every strain of kennel cough that is out there. There are many different strains of kennel cough. Even though your dog is vaccinated, there is still a small risk of them contracting this illness.)
7. Pet Owner agrees that LAH is not responsible for the loss or damage of any belongings, such as blankets and toys that are brought with the pet(s).
8. Pet Owner certifies that he/ she is the actual owner of the pet(s), or is the duly authorized agent of the actual owner whose name is entered above.
9. Pet Owner represents that the pet is free of any infectious disease and has been vaccinated with all of the required vaccinations as outlined in the Requirements for Boarding. Pet Owner represents that pet is also free of contagious parasitic problems, whether internal or external (including fleas), and is free from any contagious skin disorder. Pet Owner understands that pet(s) will be treated for any parasitic problems by LAH and that he/ she is responsible for the charges of the treatment.
10. Pet Owner is aware that there is inherent risk of illness and injury when dealing with animals.
11. Pet Owner understands that if pet is not picked up 5 days after the agreed upon pick-up date, a certified letter will be sent to the address provided by Pet Owner regarding the abandonment of the animal. Should the animal not be removed within the specified time, Pet Owner relinquishes all claims to the animal, but shall not be relieved of the contractual liability of any treatment, boarding, or care provided.
12. Pet Owner represents that the information provided on all of the forms signed and submitted to LAH, including but not limited to the Boarding Registration Form, The Consent to treat/ Post Mortem Form, Social Media Form, Medication Form, is true and that LAH is reasonable to rely on the accuracy of the said information.
13. Pet Owner has read and understands the Requirements for Boarding at LAH.

I have read and understand the terms set forth above. I agree to abide by all the terms, conditions and statements of this LAH BOARDING CONTRACT.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_



## Consent to Treat/ Post Mortem Care Form

**Please be as detailed as possible when listing your wishes regarding your pet in the event that an immediate decision must be made about care if we are unable to reach you or your emergency contact(s) by phone.**

Owner's Name \_\_\_\_\_ Pet's Name(s) \_\_\_\_\_

We will be boarding our pets throughout the year of 2014. During this time, I/We \_\_\_\_\_ give Lowrys Animal Hospital consent to provide veterinarian care for our pet(s) up to a dollar amount of \$ \_\_\_\_\_ for each pet listed above. **Should the veterinarian on duty at Lowrys Animal Hospital at the time of the incident deem it necessary that my pet's condition is going to require long term and on going care I request that: (Please initial all that apply regarding long term or potentially fatal circumstances where treatment may be redundant. In other words, how far do you want Lowrys Animal Hospital and staff to go with your pet(s) treatment?) Please use space on the back of the form if you need more space to elaborate:**

- \_\_\_\_\_ At Veterinarian's discretion
- \_\_\_\_\_ Quality of life over quantity of life
- \_\_\_\_\_ By all means, safe my pet's life
- \_\_\_\_\_ No heroic measures, please euthanize
- \_\_\_\_\_ If no long term or ongoing care results, please euthanize
- \_\_\_\_\_ Please keep pet alive if possible until my return or I am reachable

I give the doctors and staff at Lowrys Animal Hospital consent to perform the following procedures as deemed necessary for my pet(s) treatment: **(Please initial all that apply)**

- \_\_\_\_\_ Blood Work
- \_\_\_\_\_ Urinalysis
- \_\_\_\_\_ X-Rays
- \_\_\_\_\_ Fecal testing
- \_\_\_\_\_ treatment of minor injury
- \_\_\_\_\_ treatment of major injury
- \_\_\_\_\_ prescription renewals
- \_\_\_\_\_ Surgical procedures
- \_\_\_\_\_ Blood transfusions
- \_\_\_\_\_ clip/ clean any wounds
- \_\_\_\_\_ perform laceration repairs with staples and/or stitches
- \_\_\_\_\_ any procedure deemed necessary by the Veterinarian on duty to treat my pet(s)

I release Lowrys Animal Hospital, its employees, owners, and agents from any claim should my pet pass away during the time that it is staying in their care. Should death occur due to old age, natural causes, or accidental causes I wish:

- \_\_\_\_\_ For the remains of my pet to be taken to Good Shepherd Pet Services for cremation and I understand I will be responsible for any fees for the service of cremation
  - \_\_\_\_\_ I would like the cremains returned to me in an urn
  - \_\_\_\_\_ I would not like to have my pet's cremains returned to me
- \_\_\_\_\_ For the remains of my pet to be stored until my return

I understand that I am still responsible for boarding fees up until the time of the death of my pet and any veterinarian related fees associated with disposal or cremation.

- \_\_\_\_\_ **I wish to be notified immediately or as soon as possible**
- \_\_\_\_\_ **I wish to be notified upon my return**

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Services to be added to your pet's boarding charges daily:

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

Initial	Additional Service	Charge	Added charges
_____	<b>Medication administration</b>		
	Oral medication once daily	\$3.00	
	Oral medication twice daily	\$4.00	
	Oral medication three (3) times daily	\$5.00	
	Injectable Medication (including insulin) once daily	\$6.00	
	Injectable Medication (including insulin) twice daily	\$8.00	
_____	<b>Food</b>		
	(if Owner did not provide or pre-package food for meals)		
	measuring out meals that were not pre-packaged	\$4.00	
	Purina EN dry food provided by boarding facility	\$8.00	
	Wet food provided by boarding facility	\$10.00	
_____	Total additional charges to be added to the boarding bill <b>DAILY:</b>		\$ _____

I have read and understand the above services and pricing. I understand that these charges will be added to my pet's boarding charges on a daily basis in addition to the regular boarding charge. I understand that all charges are due at the time of my pet's pick up.

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

Additional Services to be added to your pet's total boarding charges:

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

Initial	Additional Service	Charge	Added charges
_____	Nail Trim	\$15.00	
_____	Ear Cleaning	\$15.00	
_____	Anal Gland Expression	\$15.00	
_____	<b>Bath</b>		
	small short hair dog	\$20.00	
	medium short hair dog	\$25.00	
	large short hair dog	\$30.00	
	extra large short hair dog	\$35.00	
	small long hair dog	\$30.00	
	medium long hair dog	\$35.00	
	large long hair dog	\$40.00	
	extra large long hair dog	\$45.00	
	cat short hair	\$40.00	
	cat long hair	\$45.00	
_____	<b>Boarding Spa Package</b> includes a bath, nail trim, ear cleaning and anal gland expression Only available to boarded pets (You save \$15.00 with package)		
	small short hair dog	\$50.00	
	medium short hair dog	\$55.00	
	large short hair dog	\$60.00	
	extra large short hair dog	\$65.00	
	small long hair dog	\$60.00	
	medium long hair dog	\$65.00	
	large long hair dog	\$70.00	
	extra large long hair dog	\$75.00	
	cat short hair	\$70.00	
	cat long hair	\$75.00	
_____	Additional charges to be added to the <b>TOTAL</b> boarding bill:		\$ _____

I have read and understand the above services and pricing. I understand that these charges will be added to my pet's total boarding charges in addition to the regular boarding charge. I understand that all charges are due at the time of my pet's pick up.

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

