## Lynchburg Humane Society Service Agreement

# Boarding REGISTRATION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  Owner INFORMATION

|  |  |  |
| --- | --- | --- |
|  Last name:  |  First name:  |  Date:  |

Address:

|  |  |  |
| --- | --- | --- |
| Email:  | Home ph. #: | Cell ph. #:  |
| Emergency Contact name:  | Emergency Contact #:  |
|  |
| Date/Time Drop Off:  | Date/Time Pick up:  |

Animal INFORMATION(Please give your vaccine records to the receptionist)

|  |  |  |  |
| --- | --- | --- | --- |
| Total # of pets:  |  Microchipped? Y / N | Female(s) spayed? Y / N | Male(s) neutered? Y / N |
| Animal Name: | Species: | Breed: | Coloring: | Age: |
| Animal Name: | Species: | Breed: | Coloring: | Age: |
| Animal Name: | Species: | Breed: | Coloring: | Age: |
| Animal Name: | Species: | Breed: | Coloring: | Age: |

Current on flea/tick preventative? Y / N One month of Frontline can be provided for a charge of $10.00 per animal

|  |
| --- |
| Feeding Schedule: Times/portion AM \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ NOON \_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_ PM \_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_  |
| Medical Information (name/dosage/how to administer medication or any new concerns to watch for while boarding): |
| Treats Allowed? Y / N Indicate if any allergies for any animals:  |
| Bully Stick: $3.00 Each Y / N Total #  | Filled Kong: $2.00 Each Y / N Total # | Bath: $15.00 Y / N  |
| Nature Walk: $5.00 Each Y/ N Total # | Individual off-leash 15 minute play with staff in play yard $15.00 Total # per day |
| Special Instructions: (aggressive behavior, multiple pets needs separation/exercise activities/escape risks):  |

Vet Information

|  |  |  |
| --- | --- | --- |
| Name of Vet.: | Animal Hospital:  | Ph. #:  |
| Address:  |
|  |

The above information is true to the best of my knowledge. I agree that I have requested Lynchburg Humane Society take care of my pet(s). I agree to pay the charges accrued for the services provided as outlined in this agreement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Charge: $**  \_\_\_\_\_\_\_\_I understand that payment is due at or prior to the time of pick-up.  |  |  |  |
|  | Owner signature: |  | Date |  |

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