## Lynchburg Humane Society Service Agreement

# Boarding REGISTRATION FORM

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| 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 |  | |