



## LYNDON VETERINARY CLINIC

6867 East Genesee Street  
Fayetteville, New York 13066  
(315) 445-8170  
contact@lyndonvet.com

### BOARDING ADMISSION/AUTHORIZATION FORM

Admission Date \_\_\_\_\_

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

Patient Name \_\_\_\_\_

Pick-Up Date \_\_\_\_\_ Pick-Up Time \_\_\_\_\_

While your pet is being boarded at the Lyndon Veterinary Clinic, you can feel confident that the very best care will be given to keep your pet healthy and happy. During your pet's stay, he/she will be monitored by the staff and any health or other problems will be brought to the attention of the staff veterinarians.

In the case of illness or injury, I, the undersigned, do hereby give my consent for the medical staff of the Lyndon Veterinary Clinic to examine, treat, prescribe for, or operate on my pet(s) while they are being boarded ONLY IF DEEMED CLINICALLY NECESSARY.

Should an EMERGENCY arise, I authorize the medical staff to perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I authorize the Lyndon Veterinary Clinic to arrange care (including examinations, treatment, medications, observation and operations) for My pet at an Animal Emergency Care facility if necessary. I assume financial responsibility for all charges rendered to and for my pet(s).

Lyndon Veterinary Clinic is to use all reasonable precautions against illness, injury, or escape of my pet(s). The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed.

I understand that the clinic is not responsible for loss or damage to personal items left with the pet including, but not limited to, leashes, collars, toys, and bedding.

X \_\_\_\_\_  
Signature of Owner/Agent

Date \_\_\_\_\_

Emergency Phone Where I Can Be Reached \_\_\_\_\_

Diet:

Special Notes and/or Instructions:

Admitting Technician Initials: \_\_\_\_\_

Patient weight \_\_\_\_\_