

Name of Clinic Here  
Address, etc.

Logo Here (if you have one)

### BOARDING CONSENT FORM

Owner's Name: \_\_\_\_\_ Phone Nos.: \_\_\_\_\_

Pet's Name: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_ Breed: \_\_\_\_\_

Admission Date & Time: \_\_\_\_\_ Discharge Date & Time: \_\_\_\_\_

All pets must be admitted between the hours of \_\_\_\_ pm and \_\_\_\_ pm and discharged by \_\_\_\_ pm. All animals admitted before \_\_\_\_ pm or discharged after \_\_\_\_ pm will have an extra day charge applied. All bath/grooming appointments on day of discharge will have a prearranged pick up time.

All animals admitted must be current on their vaccinations and must be free of external parasites. (Dogs: DHPP, Rabies, Bordetella, Heartworm Check, Fecal) (Cats: FVRCP, Rabies). Any animal found to have fleas or ticks will be treated at owner's expense.

Emergency Contact & Phone # \_\_\_\_\_

Medications and dosage instructions: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Belongings: \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

#### Check Additional Authorized Work:

Heartworm Test  Microchip  Fecal Exam  Bordetella  Nail Trim  Anal Gland Expression

Shed Control  Wellness Exam  Boarding Bath  Dr. Exam \_\_\_\_\_

Agreement to medicate and/or treat \_\_\_\_\_ (Initial)

**Can we get any supplies ready for you when you pick up your pet? Do you need any food, heartworm medication, flea control, shampoos, or medication refills?** \_\_\_\_\_

Current veterinarian's name and phone number: \_\_\_\_\_

The undersigned hereby warrants that he or she is the owner or authorized agent for the owner of the above animal and does hereby request, consent, and authorize \_\_\_\_\_ Veterinary Hospital, its owners, veterinarians, personnel and agents to groom, care for, and treat said animal.

The undersigned acknowledges that other animals will be located on the premises and hereby authorizes the necessary care and treatment for any condition that may endanger said other animals and hereby agrees to pay the customary charges for such treatments. This includes, but is not limited to, parasites and infectious viruses.

The undersigned further acknowledges that no guarantees have been made except reasonable precautions against injury, escape, or illness with the understanding that the undersigned will remain fully responsible for the cost of all services provided by \_\_\_\_\_ Veterinary Hospital and its authorized agents and professionals.

#### PAYMENT IS EXPECTED AT TIME OF DISCHARGE

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_