

COMMUNITY ANIMAL HOSPITAL BOARDING CONSENT FORM

Owner Name: _____ Phone Number: _____

Patient(s) Name: _____

Initials:

_____ Your pet will be boarded in a kennel size and location deemed appropriate by the staff. The staff uses temperament, age, duration of stay, medical issues and availability to make this selection.

_____ We provide bedding, bowls, and variety of foods; however you must supply your pet's food if s/he has any food allergies or requires a special/prescription diet. You can leave your pet's personal belongings such as bedding, toys, etc. but there is a chance they could be destroyed by chewing or mixed into circulation with our general laundry and may be difficult to identify and return. We cannot assume any responsibility for belongings that become damaged or lost. We recommend labeling all belongings with our pet's name and your last name.

_____ For the health of your pet, other boarding pets and all of our patients, an annual exam and vaccines (DHPP, Bordetella, & Rabies for dogs; FVRCP, Fel Leuk, & Rabies for cats) must be current. We recommend your pet be on flea prevention and be dewormed at least annually. If your pet is not current or you cannot provide documentation of current exam and vaccines, we must examine and vaccinate your pet. If we are not your pet's medical provider, please provide clinic name and city where your pet receives his/her routine care: _____

_____ Accidents happen! In an unfamiliar environment, even diligently house-trained pets may urinate or defecate in their kennel or on their bedding. As such, most pets will need a bath after boarding. Baths are performed in the morning after all pets are walked and fed and bathed pets are able to be picked up after 12:00 noon (or later depending on the number of baths given). Our bath includes shampoo, nail trim, ear cleaning and anal gland expression. If you desire a bath, please complete the Community Animal Hospital Bathing Options Form.

Please indicate if you would like to have you pet bathed: Yes _____ No _____

_____ Please remember we will not be liable for problems caused by your pet eating bedding or other items in his/her kennel or any other self-inflicted injuries from scratching, pawing, biting, or digging him/herself or the kennel, etc. Should your pet develop any symptoms of illness such as vomiting, diarrhea, skin issue skipping multiple consecutive meals, etc. or we observe parasites, we must examine your pet and treat as needed.

We will make every attempt to reach you by the contact number indicated above to provide an estimate before starting any treatments, but we will start treatment as needed to maintain your pet's health, comfort and well-being. You will be charged the regular fees for any services, diagnostics or treatments necessary to stabilize your pet. We do not like to surprise people with unexpected bills, so please be sure to legibly provide an emergency contact of another person you are assigning authority to make medical and financial decisions on your behalf should you be unavailable or we have difficulty reaching you.

Emergency Contact Name: _____ Phone Number: _____