



# Boarding Consent Form

Please be advised that all boarded pets must be current on their vaccines in order to board at our facility. We require proof of vaccines by a licensed veterinarian prior to admission to boarding.

Drop Off Date: \_\_\_\_\_ Pick Up Date: \_\_\_\_\_

Emergency Contact Information: Name \_\_\_\_\_ Phone \_\_\_\_\_

### ◆ Feeding Instructions ◆

Circle all that apply

Own Food/ Hospital Food • Canned/ Dry/ Canned and Dry • AM Only/ PM Only/ AM & PM  
Cups per feeding: \_\_\_\_\_ Canned per feeding: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

### ◆ Medications/ Treatments/ Special Accommodations ◆

(In addition to the daily boarding charge there is a daily medicating fee)

Does your pet require medication or treatment while boarding? YES or NO

Does your pet have any belongings that you will be leaving with him/her? YES or NO

### Please tell us about your pets personality

- My Pet is **known** to be a stress chewer.
- My pet is **known** to get stress diarrhea.
- My pet is **known** to be aggressive/ possessive of food and or toys.
- My pet is **known** to be aggressive towards other animals and or people.

### If my pet needs medical care while boarding:

- \_\_\_\_\_ Please do whatever is needed
- \_\_\_\_\_ Please do whatever is needed up to \$\_\_\_\_\_ limit without calling me
- \_\_\_\_\_ Please only stabilize my pet, and then call me for permission to do anything else
- \_\_\_\_\_ Please do not resuscitate my pet

Do you need your pet examined by the doctor while here? \_\_\_\_\_

Do you already have your pet scheduled to be groomed during their stay? YES or NO

(Includes anal gland expression, nail trim, ear cleaning, and haircut if desired) Phone: \_\_\_\_\_

\*Do you want your **DOG** to **only** have a bath the morning they go home? YES or NO

\*This service is not available for feline's.

Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Staff Initial: _____	Date: _____
Time: _____	AM PM