



Companion Animal Hospital

Boarding Consent Form-Please fill out one form per pet

Owner Name:	Pet Name:	Contact Phone Number:
Boarding Date IN:	Boarding Date OUT: Pick Up Time:	Alternate Contact Name: Number:
Email Address:		

Diet: Please note that special feeding requirements may have an additional charge.

Frequency per day Circle One	Once in AM	Once in PM	Twice Daily
Amount at each meal			
Type of food Circle One	Own Food	House Food	

Medications / Supplements: Please list- Additional charge of \$5.00/day for each pet
Must be supplied or additional charges will incur for any required refills.

Name of Medication/Supplement	Instructions	Last Given

Additional Services: Please choose from the following options (Services will not be performed if your pet's health or temperament endangers our staff or the pet.) Ask front desk staff for pricing!

Professional Groom _____ Appointment Date: _____
Ear Cleaning _____ Anal Gland Expression _____ Bath _____ Nail Trim _____

Vaccinations and fecal exams are REQUIRED for boarding. I understand that I will be financially responsible for any vaccinations or fecal exams that are due or will become due while boarding with us. Estimate can be provided per your request. If your pet's vaccinations were done elsewhere please provide the name and location of the animal hospital.
Please initial that you understand this policy. _____

Multiple pet boarding: If you are boarding more than one pet, please list which pets can be placed together:

Do your pets need to be separated during feeding times? Yes _____ No _____

Personal Belongings: Please list all belongings including foods, be specific: (We provide bedding and feeding bowls.)

Medical Treatment:

If your pet develops any medical condition during their stay we reserve the right to treat as necessary to prevent the spread of illnesses. In the event that your pet experiences a life threatening problem, we will make every attempt to contact you or any authorized agent listed on this form. If we are unable to contact you we will proceed as the doctor deems necessary. If you do not want us to perform life saving procedures for your pet, please sign the DNR (Do Not Resuscitate) order below. I understand that all treatments will be my financial responsibility.

Please do not exceed \$ _____ . If treatments will exceed this amount please contact me.

Please initial _____ DNR (Do Not Resuscitate) _____

General Rules / Regulations / Information:

- If your pet is to be picked up by someone other than yourself, you must make these arrangements, including payment, at the time of drop off. This person must submit a copy of their identification before your pet will be released to them.
- We are not staffed 24 hours a day; therefore your pets will be unattended during the evening hours.
- If you need to extend your pet's stay you must contact us 24 hours before the expected discharge date. In the event that you do not pick up your pet within 10 days after the expected date of discharge your pet will be considered abandoned and Companion Animal Hospital reserves the right to relinquish care of the abandoned pet to an appropriate agency or offer the pet for adoption. You will still be responsible for all charges.
- All animals must be free of external parasites (flea & ticks) when admitted for boarding, or must be treated upon arrival, at owner's expense. It is also recommended that all boarding pets should be tested for heartworms and placed on prevention at least one month before boarding time.
- Boarding animals will be admitted and discharged only during regular office hours. Our office hours are posted on our website and on the front door to the business. **We are open Monday-Friday 7:30am to 6:00pm and Saturday 8:00am to 4:00pm. We are closed Sunday.**
- Should your pet show any signs of aggression to our staff or doctors, we reserve the right to remove the pet immediately by way of you or animal control thus terminating any further boarding reservation.
- All precautions will be taken to prevent injury, escape, or other life threatening emergencies. The hospital and staff will not be held accountable for problems that develop, provided that reasonable care and precautionary measures have been taken.
- We make every attempt to return all items that you leave with your pet; however some items may be lost due to changing bedding or cleaning the items. We cannot guarantee the return of your items.

By signing below you agree and understand the policies listed and you authorize Companion Animal Hospital to care for your pet during their stay with us. You accept all financial responsibility for any and all charges incurred during your pet's stay. Thank you for choosing our team to care for your pet during your absence.

Owner Signature _____ Date Signed _____

Admitting Technician Signature _____