



# VET CLINIC

## Boarding Consent Form

Date: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs.

Owner/Agent Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

As owner/agent of the pet described above, I hereby give my consent to the Wildcat Veterinary Clinic to board my pet for the following dates:

Check-In Date: \_\_\_\_\_ Check-Out Date: \_\_\_\_\_ Total Days Boarding: \_\_\_\_\_

### General Information Regarding Boarding:

#### All Pets Must Be Current on Vaccinations to Board at our Facility:

Your pet is current until \_\_\_\_\_ and no vaccinations are required at this time.

Your pet is not current and will be vaccinated for:

DA2PP (dog)     Bordetella (dog)     Rabies, 1 year (dog/cat)     FVRCP (cat)     Leukemia (cat, optional)

**Your pet will be examined for external parasites (fleas/ticks) upon arrival. If any external parasites are observed on your pet, he/she will receive treatment at your (the owner's) expense.** Frontline treatment (\$20-\$25)

#### While your pet is under our care please consider having these tests or procedures performed.

Nail Trim (\$17)     Bath (\$18-\$35)     Minor Ear Cleaning (\$14)     Anal Gland Sac Expression (\$22)  
 Fecal Exam (\$22-\$35)     Intestinal Parasite Treatment (\$25-\$60)  
 Home Again Microchip Application/Registration (\$54)     Heartworm Test for dogs (\$35)    FeLV/ Test for cats (\$35)

### Special Instructions for Your Pet:

While your pet is staying with us does he/she have any medical issues/concerns that you would like addressed by our doctor team?

\_\_\_\_ NO    \_\_\_\_ Yes, \_\_\_\_\_

Is your pet on any medications/therapeutics that need to be administered to your pet while staying with us?

\_\_\_\_ NO    \_\_\_\_ Yes, \_\_\_\_\_

### Diet/Feeding Instructions for Your Pet:

\_\_\_\_ Please feed my pet Science Diet Adult Food twice daily.

\_\_\_\_ I brought my pet's own food.

Food Name: \_\_\_\_\_ Feeding Instructions: \_\_\_\_\_

### Personal items left with your pet. (Toys, blankets/bedding, treats, etc)

### Authorization and Risk Assessment:

I authorize Wildcat Veterinary Clinic to board my pet and perform the selected treatments above. I also authorize any additional diagnostic or treatment procedure(s) deemed necessary for any unforeseen circumstances or medical complications that arise during my pet's stay. I will not hold Wildcat Veterinary Clinic, the veterinarians or any team member liable for any complications that may arise. By signing this document I certify that I have read this document, understand it, and have had all of my questions answered to my satisfaction and I agree to the conditions of boarding and treatment.

Owner/Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_