

  
**WILDCAT · DREXEL · PAOLA**  
**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 Vet 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.**

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

Nail Trim     Bath     Minor Ear Cleaning     Anal Gland Sac Expression  
 Fecal Exam     Intestinal Parasite Treatment  
 Home Again Microchip Application/Registration     Heartworm Test for dogs     FeLV/FIV Test for cats

**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 the Clinic 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 the Vet 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 the Vet 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: \_\_\_\_\_