

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. Special consideration may be given to those pets:

- ❖ With a documented history of vaccine reaction
- ❖ With a medical condition whereby vaccinations are unwise

Last Name: _____ PETS name: _____
Drop off Date: _____ Pick up Date: _____

~Feeding Instructions~
(Please circle your choice)

Own food/Clinic Stock Canned/Dry/Canned and Dry AM only/PM only/AM & PM

~Medication/Treatments/Special Accommodations~
(In addition to the daily boarding charge there is a \$6.00 per day medicating fee)
Does your pet require medication while boarding? **YES / NO**

- 1) _____ How much/ When _____
- 2) _____ How much/ When _____
- 3) _____ How much/ When _____

Would you like your pet to have any of the following while here? (at an additional cost)

- Nails trimmed
- Nail trim and Anal glands
- Spa Day (Includes bath, nail trim, anal glands, ear cleaning, and teeth brushing)
- Playtime (15 min. one on one time with pet or extended walk)

~Belongings~

(Edmonds Veterinary Hospital is not responsible for lost items) _____ initial

Please Circle What Applies to Your pet:

Toys **Blanket/Bedding** **Treats** **Food** **Leash/Collar** **Carrier** **Other** _____

Description(s): _____

~Please tell us about your pet's personality~

- My pet is **known** to be a *stress chewer*.
- My pet is **known** to get *stress diarrhea* or *stress mediated urinary problems*.
- My pet is **known** to be *aggressive/ possessive of food and or toys*.
- My pet is **known** to be *fearful of thunderstorms, fireworks or other such noises*
- My pet is **known** to be *aggressive toward other animals*.

Emergency Contact Information: Name _____ Phone _____

_____ Should my pet become ill during his/her stay at EVH, I authorize the attending doctor to treat at his/her discretion until I can be reached for further consent.

_____ I understand that my pet will be checked for *fleas* and *ticks* before being admitted for boarding. If either is found I consent to have my pet treated at the doctor's discretion and for an additional expense.

_____ I authorize someone other than myself to pick up my pet for me or take off Edmonds Veterinary Hospital premises for periods of time. Name of Person _____ Phone _____
If early pick up please give possible date/time _____

Owner Signature: _____ **Date:** _____