

Owner: _____

Patient: _____



Boarding Consent Form

Boarding Dates: _____ Pick Up Time: __AM __PM *

*All bathed animals must be picked up after 4:00pm

Emergency Phone: _____ Emergency Contact Name: _____

Regular Bath ____ Luxury Bath (nail trim, anal sacs, ear cleaning) ____

Extended walk ____

Other Services:

Do any medications need to be given while boarding? ____yes ____no

*There is an additional charge for administering medications while boarding. ____ Initial

Requirements for Boarding

I understand:

1. Dogs must be current on the following items in order to stay with us: Rabies, Distemper/Parvo, Infectious Tracheobronchitis, No parasites seen on an ova and parasite exam within the last year.
2. Cats must be current on Rabies and Distemper vaccinations.
3. All animals must be free of external (fleas and ticks) and internal parasites (intestinal worms). If any are found, my pet will be treated.
4. **That I authorize CAH, in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet until further communication with me.**
5. **That certain emergency situations may require transfer of my pet to an emergency facility for proper care and that I authorize the transport of my pet for treatment if needed. I understand that I will be responsible for any fees incurred at the emergency facility.**
6. I agree to assume financial responsibility for all services rendered including additional services as required.
7. All dogs are taken outside to eliminate and, even with extreme caution to avoid such circumstances, there is a possibility some dogs could escape.

Your Signature below constitutes you acknowledgement that (i) you have read and agreed to the above, (ii) you have had the chance to ask questions, and (iv) you authorize and consent to the boarding requirements.

Signature of Owner or Authorized Agent

Date