



BOARDING CONSENT FORM



Owner's Name: _____ Pet's Name: _____

Admission Date: _____ Tentative Release Date: _____

Emergency Contact / Phone Number: _____

I, the undersigned owner or designated agent, hereby authorize Bay Country Veterinary Hospital (hereinafter "Hospital") to board my pet during the dates listed above. I also hereby authorize the Hospital to perform the services indicated below while my pet is boarding. The Hospital will attempt to notify owner if the pet becomes ill while boarding. If owner does not inform the Hospital otherwise regarding measures to be taken, or if the state of the animal's health reasonably demands quick action in the opinion of the veterinarian, the Hospital will administer medical and/or surgical treatment as needed until the owner can be notified.

As the owner of said animal, I realize that I am responsible for boarding fees, and any associated costs, and for the payment of services listed below and that they are to be paid in full at the time the animal is discharged. If I do not pick up the animal within five (5) days of the scheduled pick-up date, the Hospital will assume the animal is abandoned. If the animal is abandoned, the Hospital is authorized to remedy the abandonment as prescribed by law. I further understand that abandonment DOES NOT release me of my financial obligation for services rendered, fees associated with abandonment, collection action, and/or legal services.

I understand that leaving personal belongings (blankets, toys, carriers, etc.) with my pet while boarding is discouraged but, should I choose to do so, Bay Country Veterinary Hospital is not held responsible for lost items.

I also understand and acknowledge that the Hospital is not staffed 24 hours a day.

FEEDING INSTRUCTIONS: (Please check one.)

- Feed regular hospital maintenance diet. Dry Wet Both / AM PM Both
 Feed special diet, as follows: _____

MEDICATIONS:

Administer medication(s), as follows: _____

Has your pet had any recent surgeries/medical conditions that would require extra attention? Yes No

When was the last time your pet was treated for fleas and/or ticks? _____

There may be additional charges for special diets and administration of medications. If you have any questions, please ask.

ADDITIONAL SERVICES:

- | | | | | | |
|--------------------|--------------------------|---------------------|--------------------------|-------------------|--------------------------|
| Rabies Vaccine | <input type="checkbox"/> | Nail Trim | <input type="checkbox"/> | Heartworm Test | <input type="checkbox"/> |
| DHPP Vaccine | <input type="checkbox"/> | Clean Ears | <input type="checkbox"/> | Microchip Implant | <input type="checkbox"/> |
| Lyme Vaccine | <input type="checkbox"/> | Express Anal Glands | <input type="checkbox"/> | Fecal Test | <input type="checkbox"/> |
| FVRCP Vaccine | <input type="checkbox"/> | Clip Mats | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| FeLV Vaccine | <input type="checkbox"/> | Bath | <input type="checkbox"/> | | |
| Bordetella Vaccine | <input type="checkbox"/> | | | | |

Owner/Agent Signature: _____ Date: _____