



BOARDING CONSENT FORM



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

Admission Date: _____ Tentative Release Date: _____

Emergency Contact Name / Phone Number: _____

Email Address: _____

Would you like a text from us while your pet(s) is/are in our care? If so, to what 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, for which the owner is financially responsible, 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 Country Veterinary Hospital is not held responsible for lost personal items (blankets, toys, etc.) while my pet is hospitalized.

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

FEEDING INSTRUCTIONS: (Please check all that apply.)

- 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? _____

** Please note, if fleas are present when pet is admitted to the hospital, pet will be treated at owner's expense.*

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

ADDITIONAL SERVICES:

- | | | | |
|---|--------------------------|--------------------------|--|
| <input type="checkbox"/> Physical Exam | Vaccination(s) | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Heartworm Test | Intestinal Parasite Test | <input type="checkbox"/> | Anal Gland Expression <input type="checkbox"/> |
| <input type="checkbox"/> Ear Cleaning | Mat Clipping | <input type="checkbox"/> | Microchip Placement <input type="checkbox"/> |
| <input type="checkbox"/> Nail Trim | Bath | <input type="checkbox"/> | Other <input type="checkbox"/> _____ |

Owner/Agent Signature: _____ **Date:** _____