

Client/Pet ID# \_\_\_\_\_

Date \_\_\_\_\_

### BOARDING CONSENT FORM

CLIENT NAME \_\_\_\_\_

PET NAME \_\_\_\_\_

Boarding Dates: from \_\_\_\_\_

to \_\_\_\_\_

I will pick up my pet from

GLAH

QAAC

RPAC

(circle one)

on \_\_\_\_\_

(date)

\_\_\_\_\_ a.m.

\_\_\_\_\_ p.m.

### CARE INSTRUCTIONS

#### 1. FEEDING WHILE BOARDING:

Food Provided (list brand and type of food) \_\_\_\_\_

Feed as follows: amount \_\_\_\_\_

times \_\_\_\_\_

#### 2. MEDICATIONS: Medicate with the following: (Please note there is an additional charge for medicating.)

Medication: \_\_\_\_\_

Medication: \_\_\_\_\_

Meds provided: \_\_\_\_\_

yes \_\_\_\_\_

no \_\_\_\_\_

#### 3. FLEA CONTROL:

The following flea products have been used on my pet in the past month: \_\_\_\_\_

I understand if a flea

problem is identified at the time my pet is admitted for boarding, the staff will

treat my pet with one application of Top Spot. I agree to pay the \$10 charge for

the treatment. I understand and agree. Client initial \_\_\_\_\_

#### 4. PERSONAL ITEMS FOR MY PET: I am leaving the following personal items:

pet carrier \_\_\_\_\_

Other \_\_\_\_\_

(Please mark personal items with identification.)

#### 5. OTHER CARE INSTRUCTIONS:

#### 6. EMERGENCY CONTACT:

Name \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

#### CLIENT SIGNATURE: \_\_\_\_\_

Staff: \_\_\_\_\_

Admit Weight \_\_\_\_\_

Discharge Weight \_\_\_\_\_

##### Chargeout by Staff:

001 Office Call

\_\_\_\_ 101 Brief Exam

\_\_\_\_ 104 Routine

\_\_\_\_ Other \_\_\_\_\_

002 Vaccines

\_\_\_\_ 205Y DHLPP-P Yrly

\_\_\_\_ 208Y FVRCP Yrly

\_\_\_\_ 221Y VAC SYN Yrly

\_\_\_\_ 217 RABIES - 3

\_\_\_\_ Other \_\_\_\_\_

005 Procedures

\_\_\_\_ 501 Inj. IM, SQ, ID

\_\_\_\_ 503 Oral/Top Meds

\_\_\_\_ Flea. Flea Treatmt

\_\_\_\_ Other \_\_\_\_\_

003 In House Lab

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

004 Outside Lab

\_\_\_\_ Other \_\_\_\_\_

006 Hospitalization

\_\_\_\_ 605 Board Canine

\_\_\_\_ 606 Board Feline

007 Radiology

\_\_\_\_ Other \_\_\_\_\_

008 Anesthesia

\_\_\_\_ Other \_\_\_\_\_