



**Animal Boarding Information and Consent Form**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Pet's name (s):

(1) \_\_\_\_\_ (3) \_\_\_\_\_  
(2) \_\_\_\_\_ (4) \_\_\_\_\_

Owner's Name \_\_\_\_\_

Name of Person (if not owner) who will pick up my pet(s): \_\_\_\_\_

My pet(s) will be picked up on (Date: \_\_\_\_\_) at approximately (Time: \_\_\_\_\_)

My pet(s) food preference is: \_\_\_\_\_

Last meal was AM/PM (circle one)

My pet is currently receiving the following medications (which I have supplied):

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

I will need a refill during ( ) Yes ( ) No

The last flea preventative was applied \_\_\_\_\_. My pet was last bathed ( ) days ago. I understand my pet may need one (or more) baths during the boarding period.

While boarding I would like to have my pet examined? ( ) Yes ( ) No

Update any vaccinations? ( ) Yes ( ) No

I have noticed the following problems: \_\_\_\_\_ ( ) None

Special instruction for my pet: \_\_\_\_\_

During my absence (a) I can be reached at: Phone # \_\_\_\_\_

(b) I cannot be reached by phone. In case of emergency, please notify:

Name \_\_\_\_\_ Phone #: \_\_\_\_\_

I hereby authorize the veterinarians of Peninsula Animal Hospital to diagnose and treat any medical problems that may occur during my absence, including symptoms related to separation anxiety. I understand problems can arise during the boarding period that may go undetected until my animal is home in familiar surroundings. I expect Peninsula Animal Hospital to use reasonable care and judgment during the boarding of my pets. I will not hold Peninsula Animal Hospital responsible for any lost or damaged pet toys or other items I have left with my pet.

SIGNED: Owner: \_\_\_\_\_

Agent of Owner: \_\_\_\_\_