



**Radcliffe Complete Small Animal
Care & Laser Center**
Dr. Robyn Stuck, DVM
515-899-2165
radcliffevet@gmail.com

Boarding Consent Form

Owner's Name: _____ Phone: _____
Emergency Contact: _____ Phone: _____
Pet's Name: _____ Board From _____ to _____

Is your pet on medication? YES/NO Weight: _____ (STAFF: Fleas/Ticks found on admission: YES/NO)
Would you like a dose of flea control applied? Yes/No

Feed: _____ Times Daily/Amount _____ Circle Time(s): AM/PM Diet: _____

There will be additional charges for special or prescription diets, unless provided by owner at check in.
Special Instructions: _____

MEDICAL ILLNESS POLICY

Your pet's well-being is our utmost concern. We will do everything possible to ensure that your pet is well cared for, properly fed & watered, and kept in a clean, comfortable environment. I understand that in the event of my pet's illness, the staff will treat my pet as indicated below. However, in the event of an emergency and I am unable to be reached immediately, the staff is authorized to initiate appropriate treatment until myself or my agent can be reached.

_____ Please treat my pet as required, you need not call me.
_____ Perform only emergency and supportive care. Notify me for permission to begin any other treatment.

Owner/Agent Signature _____ Date _____
Print Name: _____

Pet's belongings: Leash _____ Collar _____ Carrier _____ Toy _____ Bedding _____ Food _____ Medication _____

For Your Pet's Health

Upon boarding check-in, your pet must be free of external parasites such as fleas and ticks, as well as intestinal parasites such as hookworms, roundworms, etc. Should parasites be noted, treatment will be given, as deemed necessary, at the owner's expense.

VACCINATION POLICY

Radcliffe Complete Small Animal Care Center requires all pet's vaccination to be current or owner must provide veterinary documentation as proof thereof. Bordetella is required for dogs. If your pet is not current at time of admission, or we have not been given current records, a doctor will examine your pet and the following vaccinations will be administered at the owner's expense:

CANINE: _____ Bordetella _____ FELINE: _____ FDRTC
_____ DHPP _____ FLVV
_____ Rabies _____ Rabies
_____ Lepto

Other: (if requested)
_____ Heartworm Test _____ FELV/FIV test
_____ Fecal _____ Fecal