



**Vaccine**  
 Rabies Booster  
 Bordetella  
 DHP-Parvo  
 Heartworm Test  
 Parvovirus Booster  
 DHP Booster

**Date Due      Date Given**

**Vaccine**  
 Lyme  
 Leptospirosis  
 Fecal  
 Coronavirus  
 Canine Adult Exam  
 DHLPP

**Date Due      Date Given**

**Boarding Consent Form**

**Acct #:**

**Patient Name:** \_\_\_\_\_ **Client Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_  
**Color:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Emergency Contact Name\Number:** \_\_\_\_\_

**Date of Drop-Off:** \_\_\_/\_\_\_/\_\_\_ **Time of Drop-Off:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
**Date of Pick-Up:** \_\_\_/\_\_\_/\_\_\_ **Time of Pick-Up:** \_\_\_\_\_ **\*If picked up by 11:00 AM, No charge for that day.**

**\*\*DIET\*\***

CANNED       DRY       OWN FOOD \_\_\_\_\_  HOSPITAL STOCK

**Amount:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**\*\*MEDICATION/TREATMENTS/SPECIAL ACCOMODATIONS\*\***

**Is Canine on any medications?**       Yes       No

**Does your pet have any chronic illnesses / medical problems?**

\_\_\_\_\_

**\*\*BELONGINGS\*\***

(McFarland Animal Hospital is not responsible for lost or stolen items)

**Notes or Belongings:**

\_\_\_\_\_

**\*\*STATEMENT OF RELEASE\*\***

**In the event of an emergency McFarland Animal Hospital reserves the right to treat Canine**

**In the case of medical illness:** One of the advantages of staying at a veterinary hospital is that veterinary attention is available should the need arise. If a responsible party cannot be reached, however, please indicate your wishes below in the event your pet should require **EMERGENCY** medical treatment of any kind:

Please perform any services necessary for the best care of my pet until someone can be reached.       A

I authorize up to \$ \_\_\_\_\_ (specify amount) in medical care until someone can be reached.       B

DO NOT administer any treatment without specific authorization (even if my pet may die).       C

**Regular Veterinarian:** \_\_\_\_\_

**Bath / Groom?**       No       Yes      **Instructions:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** 11/01/2013

