



Boarding Consent

Date: _____

Pet: _____

Owner: _____

Breed: _____

Street: _____

Color: _____

City: _____ State: _____ Zip Code: _____

Please read and initial on the blue lines:

I, the undersigned, do hereby give Marion Veterinary Hospital, its agents, servants, and representatives full and complete authority to care for my pet. I give Marion Veterinary Hospital the authority to perform any procedure that may be necessary to treat my pet while boarding at Marion Veterinary Hospital in case of emergency or sickness.

I understand I am responsible for any fees for these services. _____

If my pet is diagnosed with fleas, ticks or intestinal parasites, he/she will be treated at his/her owner's expense. This strict policy is held to high standards to protect your pet as well as all others entering our facility.

I understand I am responsible for any fees for these services. _____

Any pets picked up after 3:00pm will be charged another night of boarding.

I understand I am responsible for any fees for these services. _____

Please do not bring your pets personal items such as: leashes, toys, bedding, etc. Marion Veterinary Hospital is not responsible for the replacement if items are lost or damaged while my pet is boarding.

I understand that my pet will be transported to the county's animal services after 3 days if not picked up on planned departure date and notice is not given as to my change of plans. I understand that abandonment does not excuse me from the cost of this service and that I will be responsible for any fees incurred at Marion Veterinary Hospital as well as at animal services.

Your signature indicates your understanding and agreement to comply with the policies detailed above.

Bath (\$13.50-\$18.50) _____ Groom (ask for pricing) _____ Nail Trim (\$8.50) _____

New For \$1.00 per minute each:

Massage _____ minutes Brushing _____ minutes Kitty Play Time _____ minutes

Contact Phone Number(s): _____

Pick-up Date: _____ Pick-up time: _____ :

Signature of Owner or Authorized Agent _____

FEEDING SCHEDULE FOR: _____

1) Are you bringing food or will we feed our house diet? own _____ mvh _____
 (We have a Science Diet Adult dry kibble that we offer to our boarding patients.)

2) How would you like your pet to be fed?

- _____ Once daily morning _____ or evening _____
 _____ Twice daily, morning and evening
 _____ Three times daily, morning, midday and evening

Additional instructions: _____

MEDICATIONS

1) Will your pet need any medications while boarding? yes _____ no _____

Please list the medications below, as well as the frequency they are given and time and when the last dose was given by you.

MEDICATION NAME

FREQUENCY OF DOSING

LAST GIVEN

MEDICATION NAME	FREQUENCY OF DOSING	LAST GIVEN

Owner or Authorized Agent Initial _____

Marion Veterinary Hospital

Flea & Tick Policy

(Please keep for your records)

Thank you for helping Marion Veterinary Hospital to sustain a **flea and tick free facility**. We take pride in maintaining hospital cleanliness as well as promoting animal health and wellbeing. Please know that our staff will carefully inspect your pet(s) upon arrival for external parasites. Rest assured that we will take special precautions and follow strict facility policies to rid your pet of flea and/or tick infestation immediately when identified. Please let us know if you have any questions.

Thank you,
Management

<u>Required tick infestation treatments</u>	<u>Cost per treatment</u>
1) De-tick by Technician. We will meticulously search for and remove all ticks that are found by hand.	\$ 15.60-75.00 – depending on total number of ticks removed
2) Bath with Tick Shampoo add-on	\$ 24.90-43.90 - by weight
3) Frontline topical spray treatment	\$ 21.10
<u>Optional tick infestation treatments</u>	
1) Preventic Collar that last for 3 Months	\$25.00
2) Bravecto 90 day Oral Prevention	\$63.50

We will notify each pet Owner of our findings either by phone or at check-out and we do recommend continuing a preventative product at home. Our veterinarian will be happy to make recommendations and answer any questions you may have.

<u>Required flea infestations treatment expense</u>	<u>Cost per treatment</u>
1) Capstar Tablet given orally	\$ 12.40
2) Bath with Flea Shampoo add-on	\$ 24.90-43.90 - by weight

Prices are subject to change.