



INDIAN CREEK Veterinary Hospital

BOARDING CONSENT FORM

Client's Name: _____ Pet's Name: _____ Weight: _____

Date/Time of Drop-Off: _____ Date/Time of Pick-Up: _____

VACCINATION POLICY – Our most important priority is the health and well-being of the animals and the safety of our employees. For this reason, we reserve the right to decline boarding of any animal that is not current (within the last 12 months) on vaccines. Indian Creek Veterinary Hospital requires all vaccinations including bordetella and parainfluenza for boarding.

DIET

TYPE/BRAND: _____

HOW MUCH/HOW OFTEN: _____ LAST ATE: _____

If your pet goes several feedings without eating, what can be tried to get the pet to eat again?

MEDICATION / TREATMENTS / SPECIAL ACCOMMODATIONS

Medication: _____ Dose: _____ Last Given: _____

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Additional Medical Information: _____

Behavior Notes: Dog Aggressive Will Bite Cage Aggressive Chews Toys/Blankets Painful (*explain*)

Other: _____

I DO DO NOT Want my pet to have **Extra Playtime** (\$7.00/day - *not available for first and last day*)

I DO DO NOT Authorize additional service (i.e. Anal Glands, Clean Ears, Nail Trim): _____

BELONGINGS

(Indian Creek Veterinary Hospital is not responsible for lost items)

TOYS COLLAR LEASH BEDDING CARRIER OTHER

Description(s): _____

STATEMENT OF RELEASE

Any pets being boarded at Indian Creek Veterinary Hospital must be current on all vaccines and free of external and internal parasites. If we find that they need any vaccinations or treatment for parasites, we will treat at owner's expense. If medications are necessary for treatment or handling, I give Indian Creek Veterinary Hospital permission to administer such medications. I also authorize Indian Creek Veterinary Hospital to do whatever is necessary in case of illness or emergency. I understand that charges may be incurred for any additional requested services.

The Agreement to Pay provisions of the "Client Form" which is executed upon the initial registration of a pet, shall apply to the above-referenced services.

Signature of Owner or Agent

Date

Best Phone Number

Alternate Contact Person/Phone Number

E-mail Address: