

BOARDERS

Emergency Medical Consent Form for Boarding Animals

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

Pick-Up Date: _____ Pick-Up Time: _____

Emergency Contact Person: _____

Emergency Contact Phone #: _____

Client's Signature _____ Date: _____

** In the event I or the specified contact person cannot be reached at the above telephone number during the time my above named pet is boarding and becomes ill, I DO / DO NOT authorize the doctor to use his or her discretion in the treatment of my pet. Initials _____*

(Every effort will be made to contact the client/contact person before any treatment performed on your pet. This release form will allow us to provide emergency care for your pet while boarding.)

Would you like a clean up bath for \$ _____ before your dog goes home? YES NO

Would you like a nail trim for \$ _____ before your pet goes home? YES NO

All boarders must be current on Vaccinations, including Bordetella and Fecals for dogs.

FOR HOSPITAL USE ONLY

Feeding Instructions

Owner's food Name of food: _____

Kennel Diet

Feed _____ cups dry food SID a.m. p.m. BID

Feed _____ can wet food SID a.m. p.m. BID

Has been fed by owner? YES NO

Medications:

Name	mg	Amount	Frequency						
			SID	a.m.	BID	TID	QID	EOD	PRN
			SID	a.m.	BID	TID	QID	EOD	PRN
			SID	a.m.	BID	TID	QID	EOD	PRN
			SID	a.m.	BID	TID	QID	EOD	PRN
			SID	a.m.	BID	TID	QID	EOD	PRN

Medications given by owner? YES, time _____ NO

Personal Belongings:

