

## Boarding Consent Form

Client Name \_\_\_\_\_ Pet Name \_\_\_\_\_  
 Emergency Contact Number \_\_\_\_\_ Alternate Name/Number \_\_\_\_\_  
 Dates of Drop Off/Pick UP \_\_\_\_\_ Belongings \_\_\_\_\_

**Feeding Instructions** (additional charges will apply for canned clinic food)    **Own Food**    **Clinic Dry**    **Clinic Canned**

Feeding Instructions \_\_\_\_\_

**Medications** (Additional charge of \$3.25 per day for medicating)

Name of Medication \_\_\_\_\_ Directions \_\_\_\_\_ When to start \_\_\_\_\_

Name of Medication \_\_\_\_\_ Directions \_\_\_\_\_ When to start \_\_\_\_\_

### WOULD YOU LIKE TO HAVE THE FOLLOWING SERVICES WHILE YOUR PET IS HERE?

(Please circle. Additional charges will apply)

BATH    NAIL TRIM    ANAL GLANDS    BRUSH OUT    CLEAN EARS    DELUXE SPA (Includes all listed services)

**Stay and Play Time** - One-on-one time with a team member doing the activity your pet enjoys the most. **(M-F Only)**

Free Roam / Off Leash Play    Cuddle Time    Water Play

Number of additional services requested \_\_\_\_\_ ( 15 minutes each )

**Your Pet's Personality (select all that apply)**

- My pet is nervous around strangers/other pets.
- My pet will exhibit stress with chewing/diarrhea/urinary issues.
- My pet becomes anxious with storms or loud noises/fireworks.
- My pet is food aggressive.
- My pet is aggressive toward strangers/other animals.
- My pet needs to be walked more than twice daily.

**Doctor/Technician Exams**

If your pet is being examined by the doctor during this stay, please briefly explain the reason for the exam (ie vaccine boosters, recheck, new illness):

While every attempt will be made to contact you after the exam, in case we are unable to reach you, do you authorize the veterinarian to begin treatment during your pets stay? Yes \_\_\_\_\_ No \_\_\_\_\_

---

Should my pet become ill during his/her stay at HVC, I authorize the attending Veterinarian to treat at his/her discretion until I can be reached for further consent (please initial) yes \_\_\_\_\_ no \_\_\_\_\_

I understand that my pet will be checked for fleas and ticks before being admitted for boarding. If either is found, my pet will be treated at the Veterinarian's discretion and for an additional expense (please initial) \_\_\_\_\_

\*I assume financial responsibility for the services rendered and understand that full payment is due upon completion of services\*

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please be advised pets must be current on all vaccines to board at our facility. We require proof of vaccines if your pet was vaccinated elsewhere.

HVC Use Only Patient/Boarding Information Current (initial) \_\_\_\_\_ Date: \_\_\_\_\_