

Maryville Small Animal Medical Center
BOARDING CONSENT FORM

Owner's Name: _____ Phone No: _____

Pet's Name: _____ Dog Cat Other: _____ Breed: _____

Admission Date & Time: _____ Discharge Date & Time: _____

When will you pick up your pet? _____ @ _____ a.m./p.m.

If your pet is picked up after noon on the discharge day, there will be a day boarding charge added to the boarding fee. The day board fee does not apply to animals groomed on discharge day. Animals will be admitted & discharged **ONLY** during regular office hours.

VACCINATION POLICY: All animals admitted must be current on their vaccinations and must be free of external parasites. (Dogs: DHPP, Rabies, Bordetella, Heartworm Check, Fecal) (Cats: FVRCP, Rabies, Fecal). Any animal found to have fleas or ticks will be treated at owner's expense. **INITIAL** _____

Emergency Contact & Phone # _____

Medications and dosage instructions: _____

Special Instructions: _____

Belongings: _____

Feeding Instructions: _____

Check Additional Authorized Work:

Heartworm Test Microchip Fecal Exam Bordetella Nail Trim Anal Gland Expression

Wellness Exam Boarding Bath Dr. Exam

Agreement to medicate and/or treat _____ (Initial)

Can we get any supplies ready for you when you pick up your pet? Do you need any food, heartworm medication, flea control, shampoos, or medication refills?

The undersigned hereby warrants that he or she is the owner or authorized agent for the owner of the above animal and does hereby request, consent, and authorize Maryville Small Animal Medical Center, its owners, veterinarians, personnel and agents to groom, care for, and treat said animal.

The undersigned acknowledges that other animals will be located on the premises and hereby authorizes the necessary care and treatment for any condition that may endanger said other animals and hereby agrees to pay the customary charges for such treatments. This includes, but is not limited to, parasites and infectious viruses.

The undersigned further acknowledges that no guarantees have been made except reasonable precautions against injury, escape, or illness with the understanding that the undersigned will remain fully responsible for the cost of all services provided by Maryville Small Animal Medical Center and its authorized agents and professionals.

PAYMENT IS EXPECTED AT TIME OF DISCHARGE

Signature of Owner/Agent: _____ Date: _____