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|  | **BOARDING CONSENT FORM**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Owner’s Name* *Pet’s Name*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Species (Cat/Dog) & Breed Dates of Stay (Drop off/Pick-Up)* |

**Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
***\*Please note: The emergency contact MUST be an adult who is capable of making medical decisions regarding your pet’s health and can be reached within the continental U.S. Please make sure the contact person is aware and understands these responsibilities****.*

Items brought from home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical procedures needed (annuals, Pedi, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet require daily medication? [ ] No [ ] Yes\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Amount given daily: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*When is next dose due? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet on heartworm prevention? [ ] No [ ] Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date last given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet on flea/tick prevention?\* [ ] No [ ] Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date last given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \****While boarding, if your pet is found to have fleas and/or ticks they will be treated to prevent infestation throughout the clinic   
 at the owner’s expense. (Capstar, Vectra, etc.)***

Feeding: Type of food: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount (1/2 cup, 1 can, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 ***\*To prevent GI upset from switching food, we ask that owners provide their pet’s own diet***.  
 Frequency per day: [ ] 1x—AM or PM [ ] 2x [ ] 3x Special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like your pet to have a boarder bath?   
 [ ] No [ ] Yes----***Done by Bellson staff, for an additional cost, and consists of a basic bath.***   
 \* *For a professional grooming appointment, please contact Anne’s Doggy Spa at (618)-281-3647.*

**BOARDING POLICY**

* All ***dogs*** must be current on the following: ANNUAL PHYSICAL EXAM, RABIES, DHPP, BORDETELLA, and FECAL.
* All ***cats*** must be current on the following: ANNUAL PHYSICAL EXAM, RABIES, FVRCP, and FECAL.
* Animals will be admitted and discharged during regular office hours only. Clinic staff is not available 24/7.
* An emergency contact and phone number must be left in case of pet illness, emergency, communication, etc.
* Any pet that requires additional veterinary attention will receive it at the owner’s expense. This may include such health issues as diarrhea, urinary tract infections, etc.
* Bellson Animal Hospital will provide any necessary bedding for dogs. Bedding brought from home will not be used.
* For pets requiring medication while boarding, there may be an additional daily fee.
* For pets with special medical needs, there may be an additional daily fee.

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*I hereby authorize the veterinarian to prescribe for and/or treat the above-described pet while being boarded at Bellson Animal Hospital. I assume responsibility for all charges (including service charges and court cost if payment is returned) incurred in the care of my pet(s). I further understand these charges will be paid at the time of release.*

Signature of Owner/ResponsibleParty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_