



Online Boarding Consent Form

Date: _____

Client Name: _____

Pet's Name: _____ (if you have multiple pets, please fill out an additional form)

Dates of Stay: _____

- **Additional Services (please check):**

_____ Bath/Nail Trim

_____ Bath and Clip (full grooming)

List any additional services (if any): _____

(Your pet MUST be CURRENT on vaccinations in order to stay with us)

Please initial each statement below:

_____ I understand that if my pet exhibits any signs of illness during his/her stay, Animal Care Clinic staff will attempt to contact me at the number(s) provided with a treatment plan. However, if I cannot be reached, I give permission to Animal Care Clinic to provide reasonable medical care for my pet, and I agree to pay for such care.

_____ Should some unexpected emergency care be required for my pet, Animal Care Clinic staff has my permission to provide such treatment, and I agree to pay for such care.

_____ I understand that personal items left during boarding may become soiled/destroyed, or may not be able to be laundered properly at Animal Care Clinic, resulting in loss of these personal items.

_____ If my pet should become soiled during his/her stay, I agree to have Animal Care Clinic staff administer a clean-up bath, and will pay for such care.

_____ I agree to assume full responsibility for the balance of all services rendered with cash, check, or credit card **at the time my pet is released** from Animal Care Clinic.

_____ If I neglect to pick up my pet within 15 days of the release date, you may assume that the pet is abandoned and Animal Care Clinic may assume ownership of the pet.

A 50% deposit is required for all boarding pets. We encourage you to bring your own pet's food, as pet's may experience diarrhea when diets are suddenly changed. However, we do provide food to pets at no additional cost. We feed Hill's "Sensitive Stomach" to all boarding pets. Pets may still experience diarrhea due to initial stress of boarding, and will be monitored closely and treated if necessary for their comfort and health. You will be responsible for this additional cost, if it should occur.

Please provide a contact number: _____ Secondary number: _____

Emergency Contact/Number: _____

Client Signature: _____

Please fill out the next page to ensure your pet receives the best care during his/her stay

1. What are we going to feed your pet during his/her stay with us?

2. Feeding your pet

- How much do you feed your pet? _____
- Once daily _____ in the morning _____ in the evening
- Twice daily
- Free feed
- Other : _____

3. Does your pet need any medications (there is an additional fee for medicating pets during their stay)

Medication	Reason	How much	How often	Last Dose	Next Dose

4. Does your pet require any extra special care, or have extra needs? If so, list here:

5. Does your pet have any major medical condition that we should be aware of during his/her stay? _____

List of personal items that will accompany your pet during their stay

Items	Description

Any other additional information that you would like to provide us with for your pet's stay:

Please print this form and bring it with you when you are dropping off your pet for boarding to expedite your check in!

