



### Boarding Consent Form

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

Client Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Alternate Name/Number: \_\_\_\_\_

Date of Drop Off: \_\_\_\_\_

Date of Pick Up: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

#### \*\*Feeding Instructions\*\*

(Please circle your choice, canned food from clinic stock is an extra charge per can)

OWN FOOD / CLINIC STOCK (dry only)

ONCE / TWICE (per day)

#### Medications

(There is an additional charge of \$3.25 per day for medicating)

Medication \_\_\_\_\_ Directions \_\_\_\_\_ When to start \_\_\_\_\_

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#### 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)

#### YOUR PET'S PERSONALITY

(Please check all that apply)

- My pet is known to be a stress chewer
- My pet is known to get stress diarrhea/stress urinary problems
- My pet is known to be aggressive towards strangers/food aggressive
- My pet is known to be aggressive towards other pets
- My pet is anxious during thunderstorms/fireworks/other loud noises
- My pet needs to be walked more than 2 times a day

\*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

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