

Client/Pet ID# _____

Date _____

BOARDING CONSENT FORM

CLIENT NAME _____ **PET NAME** _____

Boarding Dates: from _____ **to** _____

I will pick up my pet from GLAH QAAC RAH (circle one)
on _____ (date) _____ a.m. _____ p.m.

CARE INSTRUCTIONS

1. FEEDING WHILE BOARDING:

Food provided (list brand and type of food) _____

Feed as follows: amount/frequency _____

Last fed: amount/time _____

2. MEDICATIONS: (Please note there is an additional charge for medicating.)

Medication/directions: _____

Medication/directions: _____

Meds provided: _____ yes _____ no

Last dose given: amount/time _____

3. FLEA CONTROL:

The following flea products have been used on my pet in the past month: _____

_____. **I understand if a flea problem is identified at the time my**

pet is admitted for boarding, the staff will treat my pet with one application of

Advantage or Frontline. I agree to pay the \$19.60 charge for the treatment.

I understand and agree. Client initial _____

4. PERSONAL ITEMS FOR MY PET: I am leaving the following personal items:

pet carrier _____ Other _____

(Please mark personal items with identification.)

5. OTHER CARE INSTRUCTIONS: _____

6. EMERGENCY CONTACT:

Phone # () _____

Name _____ Phone # () _____

CLIENT SIGNATURE: _____

STAFF USE

Staff person admitting patient _____

_____ Admit Weight

_____ Discharge Weight

001 Office Call

_____ 101 Brief Exam

_____ 104 Routine

_____ 104Y Annual PE

002 Feline Vaccines

_____ 209Y FVRCP IN

_____ LEUY Leucat 1yr

_____ 216F Rabies 1yr

005 Procedures

_____ 501 Inj.IM,SQ,ID

_____ 503 Oral/Top Meds

_____ FLEA Flea Treatment

_____ Other _____

003 In House Lab

_____ Other _____

_____ Other _____

004 Outside Lab

_____ Other _____

_____ Other _____

006 Hospitalization

_____ 605 Board Canine

_____ 606 Board Feline

007 Radiology

_____ Other _____