

BOARDING CONSENT FORM

Owner's Name: _____

Pet's Name: _____

Feeding Instructions: _____

Is your pet on medications? (List meds and dose): _____

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 Waggin' Wheel Veterinary Clinic, its owners, veterinarians, personnel, and agents to care for and treat said animal.

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

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 Waggin' Wheel Veterinary Clinic and its authorized agents and professionals.

The undersigned acknowledges that no animal shall leave the premises without owner authorization and prior written permission unless in the case of any emergency. **Boarding drop-off and pick-up hours are 7:30-4:30 Mon-Fri and 8-11:30 Sat. Sunday pickup is available for additional \$20 fee. Failure to abide by these rules may result in revoking of boarding privileges.**

Dogs staying over seven nights will receive a complimentary bath the day prior to scheduled discharge date.

ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS, INTESTINAL PARASITE TEST, AND MUST BE FREE OF EXTERNAL PARASITES. PROOF OF VACCINATION MUST BE PROVIDED OR VACCINATIONS WILL BE ADMINISTERED BY ONE OF OUR STAFF AT THE OWNERS EXPENSE. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNERS EXPENSE.

Please check one of the following in case a problem occurs:

_____ I prefer Waggin' Wheel Vet Clinic to proceed with any/all needed procedures.

_____ I prefer to be phoned prior to any additional procedures other than emergencies. However, if I cannot be reached, I authorize unforeseen, non-emergency procedures.

_____ If I cannot be reached I do not authorize unforeseen, non-emergency procedures.

Please check one: _____ ***I wish to board my pet under doctor supervised boarding (\$25 daily Doctor exam in addition to boarding fees)***

_____ ***I wish to board my pet under regular boarding***

Signature of Owner/Agent: _____ Cell numbers: _____

Date: _____ Emergency Contact Name and #: _____