

BOARDING CONSENT FORM

OWNER: <contact> <client>

ANIMAL: <animal>

Client No. <number>

Date of Arrival: _____ Date of Departure: _____ Pick Up Time: _____

*If <animal> becomes ill while staying in our facilities, please **CHOOSE 1** of the following options:*

___ I authorize CCAH to perform an exam ONLY. I wish to be contacted before any testing and/or treatments are performed.

___ I authorize CCAH to perform an exam, testing and treatments up to \$_____ (please specify amount). If the necessary services/treatments exceed this amount, I wish to be called before those services are performed.

___ I authorize CCAH to perform an exam, testing and any treatments necessary to aid my pet in recovering from illness, with NO LIMIT on cost. I realize that I will be financially responsible for any services incurred.

ANY PET REMAINING IN THE HOSPITAL FOR BOARDING, MEDICAL CARE, OR GROOMING:

I understand my pet **must have current vaccinations and parasite screening**. If needed, <animal> will be examined for external and internal parasites, treated for these parasites, and vaccinated at my expense, as determined by the medical record or the examination. X_____ (INITIALS)

Please list additional services to be performed while <animal> is staying with us:

Are you interested in EXTRA DAYCARE for your pet? <Animal> will be playing with a group of dogs of the same size.

YES (\$5 per daily session) NO

If yes, HOW MANY SESSIONS would you like <animal> to participate in? _____

Would you like a BATH to be given on the day your pet is scheduled to go home?

YES NO

If yes, <animal> will not be ready for pick up until after 1:00pm.

FEEDING INSTRUCTIONS:

Please select: Once a day Twice a day Three times a day

Amount of food per feeding: _____

Did you bring your pet's food? Yes No (\$1 per day for CCAH to provide food)

Does your pet require medications while boarding? Yes No

If yes, did you bring the medications? Yes No

If yes, please list the medication(s) and dosage instructions below:

1. _____ Last time meds given: _____

2. _____ Last time meds given: _____

3. _____ Last time meds given: _____

In case of an emergency, including hurricane evacuation, and I cannot be reached, please contact:

Name of Emergency contact

Emergency Phone No.(s)

I HAVE READ, UNDERSTAND AND AGREE WITH THIS AUTHORIZATION AND CONSENT.

X _____
Signature of Owner/Agent

X _____
Print Name

X _____
Primary Contact Phone #