



# BOARDING CONSENT FORM

OWNER \_\_\_\_\_ PET: \_\_\_\_\_ K-9  Fel  Check IN/ OUT Dates \_\_\_\_/\_\_\_\_--\_\_\_\_/\_\_\_\_

Phone number where you can be reached: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ H  W  Cell  pager

Alternate number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ H  W  Cell  pager

e-mail: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

Phone number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ H  W  Cell  pager

Alternate number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ H  W  Cell  pager

## VACCINATIONS/ TESTING/MEDICAL OR SURGICAL PROCEDURES/DIAGNOSTICS/TREATMENTS:

- PHYSICAL EXAM                       BORD vx                       RABIES vx                       FELV vx
- DEWORMING                       DA<sub>2</sub>PP vx                       FVRCP vx                       FeLV/FIV Tes
- FECAL                       LEPTO vx                       FRC-1                       ERD
- Heartw/Lyme/Ec/Ana Test                       LYME vx                       FRC-2 vx                       PEDICURE
- Current of *Flea & Tick Preventative*?  Y  N Refill? \_\_\_\_\_  NAIL TRIM
- Current on *Heartworm Medication*?  Y  N Refill? \_\_\_\_\_

\_\_\_\_\_ MICROCHIP I.D. IMPLANT - \$ 29.95 (plus a biohazard fee \$4.00). State of the art, unalterable permanent identification greatly increases the chance of being reunited with your pet should you become separated. We recommend it to all our patients to insure their safe return if ever lost.

Other/ Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Food type:** OWNER's: \_\_\_\_\_ / \_\_ HOSPITAL: dry  canned  \_\_\_\_\_

**Medication?**  Y  N **Instructions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications already given today? What time?** \_\_\_\_\_

**History of reaction to vaccines, medication or anesthesia?** Please specify: \_\_\_\_\_

**Any illness or injury in the past 30 days?** \_\_\_\_\_

EXERCISE WALKS: \$13.90/ 15 min -      SID     BID     TID     EOD       Start: \_\_\_\_\_ End: \_\_\_\_\_

### PERSONAL BELONGINGS:

FOOD \_\_\_\_\_ TOYS \_\_\_\_\_ TREATS \_\_\_\_\_ BEDDING \_\_\_\_\_ DISHES \_\_\_\_\_  
LEASH \_\_\_\_\_ COLLAR \_\_\_\_\_ CARRIER \_\_\_\_\_ MEDS \_\_\_\_\_ OTHER \_\_\_\_\_

