



## BOARDING CONSENT FORM

**FROM:** \_\_\_\_\_ @ \_\_\_\_\_ AM \_\_\_ PM \_\_\_ **TO** \_\_\_\_\_ @ \_\_\_\_\_ AM \_\_\_ PM

**Owner's Name** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_

I am the owner or agent for the above animal and have the authority to execute this consent. I have been advised that current vaccines, a negative flea exam and a yearly stool check are required for admission. I assume full financial responsibility for any updates of treatments necessary to meet these requirements. I understand that my pet needs the following vaccine(s) and/or tests done: \_\_\_\_\_

I also understand that all reasonable precautions will be taken against illness or injury to my pet, and Dominion Animal Hospital will not be held liable or responsible. If a pet becomes ill or is deemed to be an emergency and the owner cannot be reached will be treated as the doctor determines appropriate. If medications are necessary for treatment or handling, the doctor will administer such medications. All applicable fees for such procedures will apply. If during a routine exam, your pet is found to have any non-emergency, non-contagious health concerns, they will be treated as the doctor determines, (e.g., skin infection, ear infection, wounds).

To the best of my knowledge, my pet is healthy and has no medical problems Yes:\_\_\_ No:\_\_\_

If no, please explain: \_\_\_\_\_

My pet has the following medical problem(s) which need to be addressed during this visit: \_\_\_\_\_

My pet has medical conditions for which he/she is already under treatment. Yes \_\_\_ No \_\_\_

If Yes, list medications here: \_\_\_\_\_

Feeding schedule: \_\_\_\_\_

Dominion Animal Hospital is not responsible for any belongings left with your pet. There is a daily fee of \$5.75 for administering medications or supplements.

### I have read and understand this authorization and consent

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_