

Boarding Consent Form

Drop off Date: _____ Pick up **Date and Time**: _____

Client Name: _____

Pet(s) Name(s): _____

Emergency Contact while away: _____

Okay to text? **Y / N** Please enter number if different than above _____

****Bath? Yes / No** *If yes, pick up after 11am.* ****Flea Treatment? Yes / No / If Needed**

My pet's diet:

___ *Kennel* (sensitive stomach) ___ *Brought from home (name):* _____

___ *Rx diet from clinic(name):* _____

Amount fed: _____ How often: _____ Does pet need to eat today? **Yes No**

Does your pet suffer from **thunderstorm anxiety?** _____

If yes, we may medicate/sedate if the veterinarian believes it will help your pet.

Medications & Frequency: _____

(there are additional charges for administering medication)

Additional Special Needs: _____

*Village Veterinary Clinic will provide medical treatment (**including vaccines**) deemed necessary on my pet while in their care. I understand there will be additional charges for any special requests or treatment beyond routine boarding.*

___ Treat as needed to keep my pet healthy

or

___ Call the emergency contact number prior to treating (*unless life threatening or required vaccines*)

Signature: _____

Items brought from home: _____

(we are not responsible for lost items)

Receptionist Initials: _____