

Kennel & Treatment Consent

I understand that during the boarding of this pet, unforeseen conditions may arise that require emergency care or other medical procedures to be performed. I expect the staff to use reasonable care and judgement in performing any emergency or medical procedure(s). I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from procedure(s) will not relieve me from any obligation for all reasonable costs incurred regarding this animal.

Our kennels were designed to prevent disease spread and are cleaned multiple times per day. All patients entering our kennel are required to have current vaccines and these records must be verifiable. If vaccinations are not verifiable by receipt or at the hospital of your choosing your pet will be vaccinated at your expense.

By initialing below I am verifying that I am this pet's owner or owner's representative and I have read and understood the above. I further understand that aggressive pets require special handling and this may incur additional charges.



IF AN EMERGENCY ARISES HOSPITAL STAFF ARE INSTRUCTED TO:

- Provide emergency care as deemed necessary.
- Contact me prior to treatment.



If a non-emergency illness arises (ex. diarrhea, hotspot, anorexia) staff are instructed to:

- Provide medical care as deemed necessary.
- Contact me prior to treatment.



Emergency Number: _____

If hospital staff are unable to contact me, I understand that EMERGENCY care will be administered as deemed necessary.

I have requested that multiple pets occupy the same kennel space. I understand that any problems or injury resulting from this kennel arrangement is my sole responsibility. Pets will be separated if any altercation is observed.



MEDICATIONS

Will your pet require medications to be administered while in our care?

- Yes** – Please list medications and dosing instructions.
- No**

Has your pet been medicated today?

- Yes, If so, what time? _____
- No

I understand that there is a fee for medication administration.



BOARDING DATES

	IN	OUT	Sunday Pick-Up
DATE	_____	_____	_____
TIME	_____	_____	
WEIGHT	_____	_____	

DIET

Kennel Owner (Brand) _____

Feeding instructions:

Has your pet been fed today?

- Yes, If so, what time? _____
- No

PARASITE CONTROL

Flea and tick prevention is required in our boarding kennel. Each will receive a dose of Frontline Plus if not current on flea and tick prevention.

Kennel to apply Owner applied

Product applied: _____



Date of application: _____

Additional Services

Vaccines: _____

Other: _____

Pampered Pet Services:

- Yes _____
- No

List Medications and Dosing Instructions
